



For office use only please

Business Name _____

Date Received _____

Amount Enclosed _____

Cambridge Valley Chamber of Commerce

Post Office Box 405 – Cambridge, NY 12816 – 518 677 0887

Not-for-Profit Member Organization – Incorporated December 1997

Visit us at www.cambridgenychamber.com

Membership Application Form

Business Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
*URL Website: _____
Description (maximum of 15 words) for website and membership directory: _____

**If you have a website you would like us to link on ours, we request that you put the Chamber link on your site as well.*

MEMBERSHIP LEVELS (please check appropriate one)

- | | | |
|--------------------------|---------------------------------------|------------|
| <input type="checkbox"/> | Business A (0-5 full-time employees) | \$65/year |
| <input type="checkbox"/> | Business B (6-10 full-time employees) | \$125/year |
| <input type="checkbox"/> | Corporate (11+ full-time employees) | \$250/year |
| <input type="checkbox"/> | Civic/Not-for-Profit Organization | \$50/year |
| <input type="checkbox"/> | Individual Member | \$30/year |

Memberships must be renewed annually prior to June 30th.

Please make checks payable to CVCC and remit to the address listed above.

Category Choice: _____

Signature of Member Representative: _____

Please indicate the category under which you would like your business listed (i.e. retail, business services, etc.).

Please refer to our website for a list of categories. Membership entitles you to one category listing.

There is a charge of \$10/category should you want your business listed more than once.

Please check the Chamber website for event updates and monthly meeting times.

If you have an event you would like posted on the events page, please submit it to the chamber via e-mail, cambridgechamber@gmail.com or by phone, 518-677-0887.

VOLUNTEERS ARE NEEDED – Will you help?