

# MEMBERSHIP APPLICATION



950 New Loudon Road  
Latham NY 12110  
Phone: 518-785-6995  
Fax: 518-785-7173

Email: info@coloniechamber.org  
Website: www.coloniechamber.org

Company Name

Street

City, State and Zip

Billing Address (if different from above):

Phone #

Web Site Address

Fax #

Representative

Cell phone # (optional)

E-mail address

Number of employees

Alternate Representative

Category listing-see reverse  
(1 Free w/membership; add'l listings available @ \$25.00 each)

Name of Sponsor (Who Referred You To the Chamber?)

What is your main reason for joining the Colonie Chamber of Commerce? \_\_\_\_\_

## ANNUAL INVESTMENT SCHEDULE

- 11 or fewer employees \$ 275.00
- 12-19 employees \$ 319.00
- 20-29 employees \$ 341.00
- 30-49 employees \$ 407.00
- 50-99 employees \$ 539.00
- 100 or more employees \$ 798.00

Note: Each two part-time (PT) employees equal one full-time (FT). Example: 10 FT + 50 PT would equal 35 total employees; correspondingly, correct dues amount is \$407.00.

## PAYMENT OPTIONS:

Cash. Money Order or Check made payable to Colonie Chamber of Commerce Inc. (Mail to 950 New Loudon Road Latham NY 12110)

*Credit Card:*

\_ MC \_ VISA \_ AMEX \_ Disc Exp Date: \_\_\_/\_\_\_ "V" Code: \_\_\_

Account Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address / Zip: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Unused membership is non refundable.** Yes, the undersigned hereby accepts nomination as a voting firm member in the Colonie Chamber of Commerce Inc., and agrees to adhere to the by-laws, policies and procedures of the Chamber. Upon acceptance by the Board of Directors, our membership will be renewed automatically unless written notice is given thirty days prior to the anniversary date.

Signature

Date

8/06