

Membership Application

Company Name

Business Street Address (Address / City / State / Zip Code)

Billing Address (if different from above)

Main Representative

Main Representative Email Address

May we publish this email on our website? yes no

Alternative Representative

This email address will not be publicized

Alternative Representative Email Address

Business Website URL

Business Facebook URL

(____)____-____ (____)____-____
Business Phone Number Business Fax Number

Primary Business Category

Listing free w/ membership; Additional listings cost \$25 annually

Number of Employees

Who referred you to the Colonie Chamber?

ANNUAL INVESTMENT SCHEDULE

- 1 to 11 Employees \$295.00
- 12 to 19 Employees \$350.00
- 20 to 29 Employees \$375.00
- 30 to 49 Employees \$450.00
- 50 to 99 Employees \$595.00
- 100+ Employees \$895.00

Two part-time (PT) employees equals one full-time (FT) employee. Example: 10 FT + 50 PT = 35 Total Employees

What is your primary reason for joining the Colonie Chamber?

PAYMENT OPTIONS

- Cash
- Money Order or Check
Payable to Colonie Chamber of Commerce, Inc.
Mail to: 950 New Loudon Road, Latham, NY 12110
- Credit Card
 - MC Visa AMEX Disc

_____/____/____
Account Number Expiration V Code

Name on Card

Card Billing Address with Zip Code

_____/____/____
Signature Date

Unused membership is nonrefundable. 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