

Membership Application

Company Name

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

Billing Address (if different from above)

Business Website URL

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

Main Representative

Alternative Representative

Number of Employees

ANNUAL INVESTMENT SCHEDULE

- 1 to 11 Employees \$315.00
- 12 to 19 Employees \$375.00
- 20 to 29 Employees \$400.00
- 30 to 49 Employees \$480.00
- 50 to 99 Employees \$635.00
- 100+ Employees \$950.00

Two part-time (PT) employees equal one full-time (FT) employee.
Example: 10 FT + 50 PT (50/2=25) = 35 Total Employees

- Grand Opening/Ribbon Cutting \$100.00
The Grand Opening/Ribbon Cutting fee is deducted from your second year's Membership Investment amount.

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

_____/____/____
Signature Date

Business Facebook URL

Primary Business Category

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

Main Representative Email Address

May we publish this email on our website? yes no

Alternative Representative Email Address

This email address will not be publicized

Who referred you to the Colonie Chamber?

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