

## **2023 MEMBERSHIP APPLICATION**

BUSINESS INFO	DRMATION				
Business Name (AS IT SHOULD APPEAR IN LISTING)					
Mailing Address:					
Physical Address:					
Principal / Owner:					
Chamber Contact:					
Phone (Directory Listing):		Phone (To Reach	You):		
Cell Phone:		Fax:			
	Email:				
Does Your Business Have a S	ocial Media Page? (Circle All That Apply	/) Facebook	Instagram	Twitter	LinkedIn
			_		
Member-to-Member Discount Offer (if any)					
Interested in Learning About	: Healthcare Coverage Options? (circle)	YES	NO		
DUES & PAYME	NT				
Annual Dues To determine your membership dues, please see rates below:					
Business Membership [	Dues - Annual Rates				
Number of Employees*:	<b>Dues:</b> *The total of hours worked by all	Please mail this form			
3 or Fewer	\$225 full-time and part-time employees		and	payment to:	
4 - 10	\$295 during a normal work week, divided	d			
11 - 15	\$370 by 40. Seasonal employers should calculate full-time equivalents.		Greene (	County Chamb	per
16 - 20	\$445		of	Commerce	
21 - 30	\$560		P.0	O. Box 248	
31 - 50	\$740		Catskill, NY 12414		
50 or More	\$1100				
Non-Profits	1/2 Business Rate				
		5 5 .	_	5) () (	
Credit Card #		_ Exp. Date		CVN 3 digit code)	
Signature		Date	z	Zipcode	