



MOHAWK VALLEY CHAMBER OF COMMERCE

2012

MEMBERSHIP APPLICATION

Company/Organization: _____

Primary Contact (Name, Title): _____

Contact for Directory/Website (Name, Title): _____

Voting Representative (Name, Title): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Business Category (please see directory for options): _____

Description of services/products: _____

Type of Business: Corporation Partnership Sole Proprietor LLC

I would like to join the following council(s), please notify me of the following meeting for:

Government Affairs/Economic Development Membership Publicity/Tourism Small Business

Total # Employees: F/T _____ P/T _____ Referred by _____

Are you interested in group health insurance through the Chamber? Yes No

Please tell us your primary objective for joining the chamber: _____

Do you have a Member Benefit/Discount that you would like to offer to other members? If so, please describe it here: _____

Investment Schedule

Number of Employees

1 to 5	\$220.00
6 to 10.....	\$260.00
11 to 20.....	\$315.00
21 to 50.....	\$420.00
51 to 100.....	\$525.00
Over 100.....	Call Chamber

Mohawk Valley Chamber of Commerce

200 Genesee St., Utica, NY 13502
(315) 724-3151, Fax (315) 724-3177
www.mvchamber.org

The above information will be included in our annual printed directory and on our website unless otherwise noted.

Principal Representative's Signature: _____ Date: _____

Check enclosed Charge Credit Card: Visa Master Card American Express

Account #: _____ Expiration date: _____

Credit Card Authorized Signature: _____

Payment must accompany application. Membership is effective upon receipt of payment.

Member #: _____ Date Joined: _____ QB CC Assist Web Site WIA Directory