## **MEMBERSHIP FORM**

CARTHAGE AREA
CHAMBER OF COMMERCE



## Welcome! Please tell us about your business or organization.

Company Name:			Date Established:	
Physical Address (published in directory):				
City:		State:	Zip Code:	
<b>Mailing Address</b>	(if different from above):			
City:		State:	Zip Code:	
<b>Company Phone</b>	<b>:</b>	Company Website:		
Main Contact and Title:			E-mail:	
Main contact recei	ves all Chamber mailings an	d e-communications.		
Total Number of	Full-Time Employees:	Total Num	ber of Part-Time Employees:	
Company Descri	<b>ption</b> (briefly list goods and	or services to be published	in public directory on our website):	
Billing Informati	<b>on</b> (if different from above	olease fill out details below).	:	
Billing Contact: _			Title:	
E-mail:			Phone:	
Company Name	(if name listed above is a d/l	o/a):		
Company Logo: F	Please e-mail a high resolution per@gmail.com	on image of your logo in eith	ner .jpg or .png to	
Primary reason(s	s) you are joining the Car	thage Area Chamber of C	Commerce (check all that apply):	
	Marketing/Visibility reasons):		ts Business Education	
Are you interest	ed in volunteering for an	y of the events/committ	ees below? (check all that apply):	
	Fireworks Festival Not Yet	Business Awards	Dinner Holiday Parade	
Would you like t	o be contacted to schedu	ile a Ribbon Cutting Cere	emony? (circle one): YES NO	
			n and payment (investment details are Chamber representative will contact you	
Signature of Aut	horized Representative:			
Date Signed:				
More Information:			OFFICE USE ONLY	
120 S. Mechanic St., Carthage, NY 13619 (315) 493-3590   carthagenychamber@gmail.com www.carthageny.com		Date Processe	ed: Staff Member	