

VENDOR FORM

CARTHAGE AREA
CHAMBER OF COMMERCE 2025



ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE FARMERS' MARKET COMMITTEE.

Company Name: _____

Contact Person: _____ Phone: _____

Email: _____

Main contact receives all Chamber mailings and e-communications.

Emergency Contact: _____ Phone: _____

Email: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Facebook: _____ Website: _____

Company Logo: *Please e-mail a high resolution image of your logo in either .jpg or .png to carthagenchamber@gmail.com*

Company Description (*briefly list goods and/or services*):

Do you participate in the following programs? (*check all that apply*):

Farmers Market Nutrition Program (FMNP) _____ SNAP _____ WIC _____ Other _____

SEASONAL BOOTH RENTAL FEES:

Chamber Member - INSIDE Pavilion	\$110.00
Chamber Member - OUTSIDE Space	\$80.00
Non-Chamber Member - INSIDE Pavilion	\$130.00
Non-Chamber Member - OUTSIDE Space	\$100.00

WEEKLY BOOTH RENTAL FEES (*if space is available*):

INSIDE Pavilion	\$25.00
OUTSIDE Space	\$20.00

THANK YOU FOR YOUR INFORMATION

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Welcome! Please tell us about your business or organization.

Company Name: _____ Date Established: _____

Physical Address (published in directory): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Company Website: _____

Main Contact and Title: _____ E-mail: _____

Main contact receives all Chamber mailings and e-communications.

Total Number of Full-Time Employees: _____ Total Number of Part-Time Employees: _____

Company Description (briefly list goods and/or services to be published in public directory on our website):

Billing Information (if different from above please fill out details below):

Billing Contact: _____ Title: _____

E-mail: _____ Phone: _____

Company Name (if name listed above is a d/b/a): _____

Company Logo: Please e-mail a high resolution image of your logo in either .jpg or .png to carthagenychamber@gmail.com

Primary reason(s) you are joining the Carthage Area Chamber of Commerce (check all that apply):

Networking _____ Marketing/Visibility _____ Chamber Events _____ Business Education _____

Other (please list reasons): _____

Are you interested in volunteering for any of the events/committees below? (check all that apply):

Winterfest _____ Fireworks Festival _____ Business Awards Dinner _____ Holiday Parade _____

Memory Tree _____ Not Yet _____

Would you like to be contacted to schedule a Ribbon Cutting Ceremony? (circle one): YES NO

Thank you for your support! Please return your completed application and payment (investment details are attached) to the Chamber. Your application will be processed and a Chamber representative will contact you soon.

Signature of Authorized Representative: _____

Date Signed: _____

More Information:

120 S. Mechanic St., Carthage, NY 13619
(315) 493-3590 | carthagenychamber@gmail.com
www.carthageny.com

OFFICE USE ONLY

Date Processed: _____ Staff Member _____

THANK YOU FOR YOUR INFORMATION