

Membership Application

(Payment must be included)



COMPANY/ORGANIZATION NAME (As it will be listed in Chamber publications)

Mailing address: _____

Street address if different _____

Telephone: _____ Fax: _____

Website: www._____ Email: _____

Business Categories: (List in order of importance up to 4 categories/key words under which you should be listed):

1)_____ 2)_____ 3)_____ 4)_____

Name of contact:_____ Title: _____

Name of Chamber representative sponsoring you: _____ # of employees:_____

MEMBERSHIP DUES

# of employees	Annual Dues
1-10	\$ 275.00
11-25	\$ 350.00
Over 25	\$ 475.00

METHOD OF PAYMENT:

Check__ Visa__ Mastercard__ Cash__
(Do not mail cash)

CREDIT CARD NUMBER:

SPECIAL MEMBERSHIP CATEGORIES

Banks	\$ 600.00
Additional branches	\$ 110.00
Commercial developers	\$ 600.00
Real Estate Agencies	\$ 400.00
Not-for-profits	\$ 190.00
Civic Members	\$ 150.00
Schools and colleges	\$ 400.00

Expiration date:_____

Amount: \$_____ CVC code:_____

Card holder name

Credit billing address:

Cardholder signature:

APPLICANT PLEASE COMPLETE:

Annual membership fee is \$_____ Date:_____ Authorized by:

Title:_____

Signature:_____

Date:_____

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