



APPLICATION FOR MEMBERSHIP

"The purpose of this organization is to act as a lead agency for the development of retail and service business...to act as advocates for business and community interests; provide active support services and education for members and to promote a sense of community and open exchange amongst all sectors of the area."

Date _____

Name of Business _____ Owners Name _____

Business Address _____ Home Address _____

Phone _____ Fax _____ Home Phone _____

Number of Employees _____ E-mail _____

Type of Business _____

What would you like the Chamber and/or the community to know about your business?

Enclosed is a check for the following membership (*payable to Greater Warsaw Chamber of Commerce*):

- Individual membership \$25.00
- Individual business \$30.00
- Small Business (2-9 employees)..... \$50.00
- Medium business (10-49 employees) \$75.00
- Large business (50 plus employees) \$200.00

I am interested in obtaining health care insurance through the Chamber. Please contact me.

I am willing to serve on the Board of Directors, now or in the future. _____ Yes _____ No

This membership is written for one year and is renewed each year subject to written resignation prior to January billing date.

Please mail application with check to: **Greater Warsaw Chamber of Commerce
P.O. Box 221
Warsaw, NY 14569**