



Membership Form

Complete and return with membership fee.

This information will be used in both the print and online Chamber Directory.

Business Name: _____

Owner's Name: _____

Other Contact Person: _____

Business Address: _____

Additional Mailing Address: _____

Business Phone: _____ **Business Fax:** _____

Website: _____

Email Address: _____

Year Business Started: _____ **Number of years in business:** _____

Are you presently enrolled in our Chamber Insurance? YES NO

Are you interested in being a member of the Chamber Board? YES

Or a Special Events director? YES

Membership Dues Enclosed: _____

Member or Business (less than 100 employees)	\$85.00
Member or Business (more than 100 employees)	\$100.00

MAIL THE COMPLETED FORM + DUES

53 Herm Towne Road • Gouverneur, NY 13642 | 315-287-0331

www.gouverneurchamber.net