

**Greene County Chamber of Commerce
Membership Application**

Business Name: _____
(As it should appear in the Business Directory and on our Web Site)

Mailing Address: _____

Physical Address: _____

Principal/Owner: _____

Chamber Representative: _____
(If different from Principal/Owner)

Phone: (Directory Listing) _____ Phone to reach you _____

Fax: _____ Email: _____

Web Site: _____ Cell Phone: _____

Business Category: _____ # of Employees: _____

Business Description _____

Member-to-Member Discount you would like to offer (if any) _____

To determine your membership dues, please see below.

Annual Dues \$ _____

Check # _____ Credit Card # _____ Exp. Date _____
Circle either Master Card / Visa

Signature _____ Date _____

Membership Dues

Business:

Number of Employees*	Annual Dues
3 or fewer	\$150
4 – 10	\$200
11 – 15	\$250
16- 20	\$300
21 – 30	\$375
31 – 50	\$500
50 or more	\$750

Non Profit Organizations

½ of the Business Rate

* The total of hours worked by all full-time and part-time employees during a normal workweek, divided by 40. Seasonal employers should calculate full-time equivalents.

Please make checks payable to Greene County Chamber of Commerce. Membership dues are invoiced annually by month joined.

Greene County Chamber of Commerce
PO Box 262
Catskill, NY 12414

Email: office@greenecounty-chamber.com

Fax: 518-943-1700

www.greenecounty-chamber.com