

2024 MEMBERSHIP APPLICATION

BUSINESS INFO	DRMATION			
Business Name (AS IT SHOULD APPEAR IN LISTING)				
Mailing Address:				
Physical Address:				
Principal / Owner:				
Chamber Contact:				
Phone (Directory Listing):		Phone (To Rea	ach You):	
Cell Phone:		Fax:		
		Email:		
	ocial Media Page? (Circle All That A	pply) Facebook	c Instagram Twitter	LinkedIn
_			•	
·				
Namehou to Manshou Discour	A Office (15 cm.)			
Member-to-Member Discoun	t Offer (if any)			
Interested in Learning About	Healthcare Coverage Options? (cir	rcle) YES	NO	
DUES & PAYME	NT			
Annual Dues To determine your membership dues, please see rates below:				
Business Membership D	oues - Annual Rates			
Number of Employees*:	Dues:		Please mail this form	
3 or Fewer	\$235		and payment to:	
4 - 10	\$310		Cuana Carreti Chambar	
11 - 15	\$390		Greene County Chamber	
16 - 20	\$465		of Commerce	
21 - 30	\$590		P.O. Box 248	
31 - 50	\$775		Catskill, NY 12414	
50 or More	\$1155			
Non-Profits	1/2 Business Rate			
Credit Card #		Exp. Date	CVN	
			(3 digit code)	
Signature		Date	Zipcode	