



For office use only: Ins \_\_\_\_\_  
MM \_\_ Ads \_\_ Web \_\_ GC \_\_

# MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

Company/Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Post Office Box #: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web site: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Number of years in business \_\_\_\_\_

I would like to participate in the Chamber Gift Certificate program. \_\_\_\_ Yes \_\_\_\_ No

I would like to participate in the Member to Member discount program. \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please describe below the discount you will extend to your fellow SACC members)

**Annual Membership Dues:**

- \$100.00 (Single Business) \$ \_\_\_\_\_
  - \$150.00 (Multiple Businesses on Common Property) \$ \_\_\_\_\_
  - \$ 50.00 (Not-for-Profit Organization) \$ \_\_\_\_\_
  - \$ 10.00 each Associate Member(s) from your company \$ \_\_\_\_\_
- Name(s) \_\_\_\_\_

**Additional Membership Selections:**

- Web Site Link.....\$15.00..... \$ \_\_\_\_\_
  - Newsletter Ad.....\$15 for one month OR  
\$10/mo for 2 or more consecutive months \$ \_\_\_\_\_
  - Newsletter insert (8.5" x 11")....\$25.00/issue \$ \_\_\_\_\_
  - Other \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL..... \$ \_\_\_\_\_

Please make check/money order payable to: "Springville Area Chamber of Commerce" and mail with this form to: PO Box 310, Springville, NY 14141-0310

*Thank you! Please join us at the next Membership Luncheon (always the third Thursday of the month at noon, locations vary) or the next Board Meeting (always the first Thursday of the month at 7:15 a.m. at the Chamber Office; open to all members)! We truly look forward to working with you.*