

**Hammondsport Chamber of Commerce
2008 Membership Application**

Applicant Information:

Business/Name: _____

Owner: _____ Contact: _____

Mailing Address: _____

Business Address: _____

“Off-Season” Address: _____
(please specify timeframe when this address is used)

Phone number(s): _____ E-mail: _____

Fax: _____ Web Site: _____

Description of applicants business or organization. Please include your principle product or service. You may enclose a brochure or additional pages so that we fully understand your product.

Dues Calculation:

Regular Membership

- Business or organization with 0 employees \$125.
- Business with under 25 employees (1-24).....\$165.
- Business with 25 – 100 employees\$195.
- Business with over 100 employees\$230.

Associate Memberships (May not vote or hold office)

- Not for Profit Charitable, Art, Educational..... \$60.
- Individual Sponsor: (non business individual only)..... \$45.

Signature _____ Title _____ Date _____

Please complete and return application with dues payable to:
Hammondsport Chamber of Commerce
PO Box 539
Hammondsport, NY 14840