



**FORESTPORT CHAMBER OF COMMERCE, INC.**  
2018 Membership Application

Business  Organization  Individual  
\$35 Annual Fee

Contact Information (For Our Records Only):

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Home  Work  Cell Best Time to Call \_\_\_\_\_

Business/Organization Information (For Chamber, Member Listing, and Other Events):

Business Name: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website/Facebook: \_\_\_\_\_

Business Email: \_\_\_\_\_

Category of Business (Example: Diner, Bar & Grill, Convenient Store, Etc.): \_\_\_\_\_

Tagline: \_\_\_\_\_

Please send payment to: Forestport Chamber Of Commerce Inc.  
P.O. Box 142  
Forestport, NY 13338

For questions, call 315-793-7642 Email: [info@forestportchamber.org](mailto:info@forestportchamber.org)

**forestportchamber.org**