

Carthage Area Chamber of Commerce
Membership Registration Form

Please fill-in the following information and return completed form

Today's Date: _____

Company Name: _____

Contact Person: _____

Type of Business: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Date the Business Began: _____

Membership Dues Category:

Non-Profit (with no employees)	\$25
1-4 Employees	\$55
5-10 Employees	\$85
11-20 Employees	\$115
21-50 Employees	\$140
51-100 Employees	\$200
101-200 Employees	\$250
Over 201 Employees	\$370

Make checks payable to: **Carthage Area Chamber of Commerce**

Please return this completed form and payment to:

Carthage Area Chamber of Commerce
120 S. Mechanic Street
Carthage, NY 13619

