

The Greater Mexico Chamber of Commerce 2019 Membership Application



Business/Organization Name: _____

Contact Person(s) : Betty Green

(Any one person named above may vote at a meeting on behalf of the business/organization. Change must be submitted to the Chamber in writing)

Business Address: _____ City: _____ Zip: _____

Mailing Address: P O Box 326 City: Mexico Zip: NY

Business Phone: _____ FAX: #: _____ Cell #: _____

Email: _____ Website: _____

(Your website will be listed with your business information and will be linked from the Chamber's website.)

Circle up to two (2) categories you would like your business/organization to be listed in:

- | | | | |
|-------------------------|---------------------|-------------------|------------------|
| Author | Antiques | Automotive | Bakery |
| Banking/Financial | Building/Lumber | Camping | Catering |
| Churches | Dentistry | Education | Farming/Produce |
| Emergency Service | Fire Dept. | Florist/Gifts | Government |
| Health Services | Heating/AC | Insurance | Lawn/Landscaping |
| Lodging | Museum | News Media | Optical/Optomety |
| Organization/Non-profit | | Parks/Recreation | Pest Control |
| Pet Services | Photography | Physician/Medical | Pizza |
| Promotion/Tourism | Property Management | Real Estate | Restaurant |
| Retail | Salon/Day Spa | Trophies | Uniforms/Tuxedo |
| Veterinary | | Other: _____ | |

Annual Membership Dues:

___ Individual - \$20

___ Non-Profit - \$20

___ Municipality - \$50

___ Business (up to 10 employees) - \$50

___ Business (11-25 employees) - \$75

___ Business (26+ employees) - \$100

FIRST YEAR IS FREE

Please make check payable to The Greater Mexico Chamber of Commerce and mail to:

The Greater Mexico Chamber of Commerce, ATTN: Membership, P O Box 158, Mexico, NY 13114.

OR pay via PayPal or credit card at our website: www.mexiconychamberofcommerce.com

I hereby make application for membership in The Greater Mexico Chamber of Commerce. I realize that the positive actions and activities of the organization require a steady and dependable income. So, in order to assist the actions of the Chamber it is agreed that this membership is to be in effect unless cancelled in writing.

Signature: _____ Date: _____

___ Yes, I would like to offer a discount to Chamber Members from my business.

Description of discount: _____

___ Yes, you can contact me for an introduction to the Chamber with an officer of the board.

___ Yes, I would like to host a Chamber meeting at my place of business. Please contact me.

___ Yes, I may be interested in joining a committee.

For office use only: ___ Add to membership list ___ Membership Card ___ Thank you letter ___ Add to/update website ___ Officer contact
___ Assigned to a committee ___ Added to email list