

# Membership Application

Complete the form and print it out.

Remit with your check to the

**Warwick Valley Chamber of Commerce.**

**PO Box 202, Warwick, NY 10990**

We also accept credit cards.

## Applicant Information

Company Name:

Contact Name:

Address:

City, State, Zip:

# of Employees:                      Full Time                      Part Time

Phone:

Fax:

Email Address:

Category/Type of Business

Website URL:

## Signature

Name:	Title:
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Signature of Applicant:	Date:
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**Select type of membership you would like.**

	Corporate Membership	\$350	Sixteen or more employees; Up to two representatives.
	Medium Business Membership	\$250	Seven to fifteen employees; Up to two representatives.
	Small Business Membership	\$150	One to six employees.
	Non-Profit Membership	\$75	
	New Business Membership	\$115	Any business in operation less than one year. Documentation is required.

**Tell us a little about your business.**

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