



GREENE COUNTY

Chamber of Commerce

Membership Application

Business Name: _____
(As it should appear in the Business Directory and on our Web Site)

Mailing Address: _____

Physical Address: _____

Principal/Owner: _____

Chamber Representative: _____
(If different from Principal/Owner)

Phone: (Directory Listing) _____ Phone to reach you: _____

Fax: _____ Email: _____

Web Site: _____ Cell Phone: _____

Business Category: _____ # of Employees: _____

Business Description _____

Member-to-Member Discount you would like to offer (if any) _____

Are you interested in receiving chamber invoices (paperless billing) via email? _____

Please check here if you are interested in learning more about health care coverage

Do you have a Facebook page? Yes No (circle one) Is it for your business? Yes No (circle one)

Annual Dues \$ _____ (To determine your membership dues, please see below.)

Make check payable to *Greene County Chamber of Commerce*

OR

Credit Card # _____ Exp. Date _____ CVN: _____
Circle either Master Card / Visa / AMEX 3 digit code on back

Signature _____ Date _____

Business Membership Dues

Number of Employees*	Annual Dues
3 or fewer	\$195
4 – 10	\$255
11 – 15	\$320
16- 20	\$385
21 – 30	\$485
31 – 50	\$640
50 or more	\$955

Non Profit Organizations

½ of the Business Rate

* The total of hours worked by all full-time and part-time employees during a normal workweek, divided by 40. Seasonal employers should calculate full-time equivalents.

Please mail this form and payment to:

Greene County Chamber of Commerce, P.O. Box 248, Catskill, NY 12414

Questions? Contact us at 518-943-4222 or email info@greenecountychamber.com