

MEMBERSHIP ENROLLMENT FORM

GREATER GREENWICH CHAMBER OF COMMERCE, INC.

6 Academy Street ~ Greenwich, NY 12834

Phone & Fax ~ 518 692-7979

Web: www.greenwichchamber.org

Email: info@greenwichchamber.org

Company Name _____

Name & Title of Representative _____

Business Address _____

City, State, Zip Code _____

Business Phone # (____) _____ Fax # (____) _____

Email Address _____ Website Address _____

Which committee(s) would you like to be a member of? _____

Do you want a link from the Chamber site to your business webpage (one-time \$20 fee)? ___ YES ___ NO

Do you want to be listed in the Chamber Directory? _____ YES _____ NO

What category do you wish to be listed in? Please look at the website for your choices. _____

Please provide the number of employees/partners averaging 20 hours per week: _____

Business Description _____

AMOUNT DUE WITH THIS ENROLLMENT FORM:

One time application fee is \$25.00 _____ \$25.00

Calculate Annual Dues from the Schedule Below: _____

One Time Website Link Fee is \$20.00 (if applicable) _____

Total Amount Due with this Enrollment Form: _____

ANNUAL DUES SCHEDULE

Dues are paid for a 12-month period and billed at the anniversary month.

Dues are based on the total number of owners, partners, and employees (full-time & part-time) working 1000 hours or more per year or 20 hours or more per week.

1 - 2	\$ 70.00
3 - 4	\$ 105.00
5 - 10	\$ 175.00
11 - 20	\$ 275.00
20 & more	\$ 345.00