



MEMBERSHIP FORM

Type of Business: _____

of Employees: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Business/Organization:

Primary Contact Person:

You & Your Spouses Name: (Non-business only)

Mailing Address:

Please tell us about you and your business/
organization. This information will help us
introduce you to the membership:

Tri-Town Chamber of Commerce annual dues for membership are as follows:

Non-Business Members: \$25.00

Business Members: \$50.00

Each additional Business membership for the same individuals registering more than one business will be at 50% off the full price.

Just fill out the membership form above and mail it to us with your check made payable to: Tri-Town Chamber of Commerce

Tri-Town Chamber of Commerce

PO Box 297

Brasher Falls, NY 13613

If you wish to send a donation please specify what fund raiser or cause you would like your donation used for or to the Administrative Fund to help keep the Chamber running.