WELLSVILLE AREA CHAMBER OF COMMERCE INC.

MEMBERSHIP APPLICATION

Please complete all fields to ensure that we receive all of the information we need to meet your membership needs. The more you share with us, the better we can help your business be successful!

Please make sure that you are receiving our emails. If you are not, please check your Spam folders or reach out to us to make sure that you are on our mailing list and that we have the correct email address on file.

→ BUSINESS INFORMATION

Business Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Facebook/Social Media: _____

Type of Business: _____

→ CONTACT INFORMATION

Primary Contact Name: _____ Title: _____

Phone: _____ Email: _____

Additional Contact:

Name: _____ Email: _____

→ MEMBERSHIP LEVEL: Please select one. If you have more than one business, you may qualify for a membership discount. Contact us for more information.

____ Friend/Nonprofit - $100 annually ____ Basic* - $250 annually ____Supporter* - $600 annually

____Corporate Sponsor* - $1,600 annually

→ GIFT CERTIFICATE / CHAMBER DOLLARS PROGRAM*

Participation is encouraged, but not required. This program is not available at the Friend / Nonprofit membership level. You may change your enrollment status at any time simply by contacting us, or indicating that you'd like to do so on your annual membership renewal form.

I agree to accept and honor Wellsville Area Chamber of Commerce Gift Certificates. ___ Yes ___ No

→ AUTHORIZED SIGNATURE

X _____

Signature of Authorized Representative Title Date

OFFICE USE ONLY:

Payment Received: _____ Check #: _____ Cash ____ Credit Card _____

Membership Renewal Date _____