

2019 Membership Application for the Moriah Chamber of Commerce

Please Print

Date: _____

☐ Check if renewal (update any changes from last year below)

Individual/Couple Name (if applicable): _____

Business Name (if applicable): _____

Contact Name (if business): _____

Name of Pres/CEO (if different from contact person): _____

Physical Address: _____

Email: _____

Mailing Address (if different from above): _____

Business telephone: _____ Business fax: _____

Home telephone: _____ Cell: _____

Website: _____ Facebook: _____

Brief description of your business: _____

Number of full time employees: _____ Number of seasonal employees: _____

Note: If you have more than one business, please submit a separate form to describe each business with your application or renewal.

Membership level (check all that apply):

☐ Individual: \$20.00 ☐ Couple: \$25.00

☐ Single Business: \$50.00 ☐ Each Additional Business: \$15.00 (see note above)

Form of Payment:

☐ Cash ☐ Check Check #: _____

Payment Date: _____ Amount paid: _____

Received by: _____

All applications to be approved by the Moriah Chamber of Commerce Board of Directors:

☐ Approved Date: _____

Moriah Chamber of Commerce
P.O. Box 34, Port Henry, NY 12974
www.porthenrymoriah.com