



Williamson Chamber of Commerce

East Williamson | Williamson | Pultneyville

Membership Application

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email: _____ Company Website: _____

What is your company's business?: _____

Annual Membership Levels & Dues:

Individual Business: \$50.00

Personal/Non-Profit: \$35.00

Business Associate: \$25.00

Multiple Businesses, Same Owner: \$75.00

Milestone Awards:

Is your company celebrating a milestone event this year? Milestones are 10 years on up in increments of 5 years (10, 15, 20, etc.) Let us know!

GiftCheck Participation:

As a member, you will automatically become a participant in the GiftCheck program unless you opt out on this application. If you participate, please familiarize yourself and your employees with how the program works. Please check this box only if you **DO NOT** want to be a participant in the GiftCheck program.

I would like to opt out of the Williamson Chamber GiftCheck program.

By my signature below, I affirm that:

- The information provided herein is true and correct as of the date of this application.
- The applicant subscribes to the objective, purposes and programs of the Williamson Chamber of Commerce.
- A member may resign membership on written notice only, and shall be revoked from membership if annual dues are over 60 days in arrears.
- Annual dues are not refundable.

Signature: _____ Date: _____

Membership dues are not tax deductible as a charitable contribution. However, they are deductible for most members as an ordinary and necessary business expense.

For Office Use Only

Method of Payment:

Cash Amount: _____

Check Amount: _____ Check No: _____

Date Received: _____ Processed by: _____

Mail completed form to P.O. Box 907, Williamson, New York 14589