

Join Us! One of the most effective ways to generate new business is by building relationships with fellow Chamber members. Congratulations on taking the first step!

MEMBERSHIP APPLICATION

COMPANY INFORMATION (as you want	t it to appear in directo	ory and online)	
Company Name			Year Est	
Owner Name				
Business Listing Category				
Number of Employees: Full Time			lling Preference	○ Mail
Physical Address				
City				
Business Phone				
Business Website				
Social Media Links (check all that apply)			edIn Other	
Billing/Mailing Address (if different)				
City				
CONTACT INFORMATION				
Primary Contact Name		Title		
		Title Phone		
Billing Contact Name				
Email Address				
Names and Email Addresses of staff wh	o should receive email	corresponde	nce from SCCC:	
BUSINESS INFORMATION (select one) Business Category (Industry) Short Business Description				
Second Business/Branch Listing (add	litional fee) (list busine	ess name and	primary business represen	tative)
REASON FOR JOINING (check all that a	(vlac			
Grand opening/Ribbon cutting) Programs and e	events (meetings, business after	hours, etc.)
Business promotion (Advertising/Marketing/S	Sponsorships)	Relationship bu	ilding (Networking)	
Community outreach/involvement			iate programs (insurance, energ	y, etc.)
Organisation of the Chamber to gain to) Email updates	20201	
Credibility: Backing of the Chamber to gain to customers/public) Legislative advo		
Ongoing training/education				



MEMBERSHIP INVESTMENT LEVELS For Profit Enterprise

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# Employees	Investment			
0-1	\$172.50			
2-4	\$230.00			
5-9	\$287.50			
10-25	\$448.50			
25-99	\$759.00			
100-149	\$954.50			
150-299	\$1,391.50			
300-499	\$1,702.00			
500-999	\$2,070.00			
1,000+	\$3,335.00			

Non-Profit Enterprise

# Employees	Investment	
Up To 4	\$132.25	
5-9	\$161.00	
10-99	\$379.50	
100+	\$632.50	

SULLIVAN COUNTY CHAMBER OF COMMERCE
TOTAL MEMBERSHIP INVESTMENT\$
Additional Business/Branch Listings \$
(\$80.50 per additional listing)
Processing Fee\$10.00
TOTAL ENCLOSED\$
PAYMENT METHOD (CHECK ONE)
○ CREDIT CARD ○ CHECK ○ CASH
Credit Card #:
Exp. Date:/ CVC Code:
Name on Card:
Billing Address for Card:
City:
State: Zip Code:
Authorized Signature:
Allow Auto Renew (only if credit card payment is selected.) Your billing information will be securely stored for renewal and automatically charged on the anniversary date unless you notify us otherwise.

ANNUAL INVESTORS PROGRAM

Want to brand your company name with the Chamber on an annual basis and increase the value of your participation?

O Yes! I want to know more

PLEASE RETURN COMPLETED APPLICATION AND PAYMENT TO

Sullivan County Chamber of Commerce 196 Bridgeville Rd. Suite 7 Monticello, NY 12754

OR EMAIL TO office@catskills.com