

2016 TROY CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

BUSINESS INFORMATION

Business Name:

Owner/Manager Name:

Business Email:

Business Phone:

Business address:

City:

State:

ZIP Code:

Website:

Business fax:

CONTACT INFORMATION

Contact person:

Mailing address:

Decision maker?

City:

State:

Zip:

Contact Phone:

E-mail:

Fax:

Meeting Representative:

Phone number:

Business Information- please provide a detailed description of your business services & operations to assist us with our directory, advertising, etc. Include a brochure or rack card.

FEE SCHEDULE-PLEASE CHECK APPLICABLE BOX

\$60.00 – Service Organizations, Non-profits

\$110.00 - Large Business (more than 20 employees)

\$60.00 – Small Business (less than 5 employees)

\$160.00 - Financial Institution

\$85.00 - Medium Business (5-20 employees)

DO YOU WISH TO PARTICIPATE IN THE GIFT CERTIFICATE PROGRAM: Yes, please! No, thank you.

HOW DO YOU PREFER TO BE CONTACTED

Email

Phone

Fax

Comments/Suggestions:

WOULD YOU LIKE TO BE ON A CHAMBER COMMITTEE?

Representative Name:

Committee Interest:

Representative Name:

Committee Interest:

WHAT MEMBER BENEFITS WOULD YOU LIKE TO SEE THE CHAMBER OFFER?

PLEASE MAIL APPLICATION AND PAYMENT BY APRIL 30, 2016 TO:

Troy Chamber of Commerce
P.O. Box 104
Troy, PA 16947

Check out our Chamber website at: www.troychamberofcommerce.com

New yearly stamps for Member Plaques will be mailed once current year dues are received. If you need a plaque, please contact the Chamber.