



BUSINESS NAME: _____

TYPE OF BUSINESS: _____

OWNERS NAME: _____

BUSINESS (PHYSICAL) ADDRESS: _____

BUSINESS (MAILING) ADDRESS: _____

WEBSITE: _____

PHONE: _____

NUMBER OF EMPLOYEES: _____

SIGNATURE

DATE

- **Business/ Organization Annual Membership \$40.00** **Friend of Membership \$25.00**

Please remit payment to Colchester Chamber of Commerce, PO Box 506, Downsville, NY 13755