

The Competitive Edge

Join Today!

Membership Application

...in Networking
...in Advertising
...in ROI opportunities

Welcome to The Chamber!

The
Chamber

Montgomery County Chamber of Commerce

Membership Application

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-mail: _____ Website: _____

Contact Person: _____ Title: _____ Year Founded: _____

of Employees Total: _____ (#Full-time _____)(#Part-time _____) Date of Application ____/____/____

Membership Investment: _____ Paid (date/check#): _____

Company Description (for website, directory, newsletter, etc.):

I would like to offer the following Member-to-Member Discount to my fellow Chamber members:

I joined The Chamber for the following reason(s): Discounts Insurance Professional Education
 Networking Advertising & Marketing Other _____

I would like information on joining the following committee(s): Ambassador Legislative Affairs
 Membership/Events Scholarship T.I.L.T. Tourism/Promotion W.O.W.
(young professionals) (women professionals)

SIGNATURE

Person/Business Referring You: _____

Please return this form to The Chamber offices at: P.O. Box 836 Fonda, NY 12068
Phone: (518) 853-1800 Fax: (518) 853-1813 ***A one-time processing fee will apply***