

1110 Crosspointe Lane Suite C, Webster New York 14580-2968 (585) 265-3960 Fax: (585) 265-3702 www.WebsterChamber.com

Not-For-Profit Membership Application

Today's Date:						
Organization Name:						_
Address:						
Address:						
City, State & Zip:						
Phone:	E-Mail:					
Organization Contact Pers	on/Representative					
Type of Organization:	Not-For-Profit					
Date the organization was established: (e			xact date not required – the year is okay)			
Website address:						
	ories: <u>Not-For-Profit</u> ormation on the Chambo sh any of my informatio		n the Cham	nber directo	ry and the	newsletter.
Print/list/use/publish my information as follows (X the boxes):		Phone	Street	E-Mail	Website	
		Number	Address	Address	Address	
Print / list / use / publish in the Chamber's Newsletter Print / list / use / publish on the Chamber's Website directory						
Print / list / use / publish in the Chamber's printed directory						
Your Newsletter will be of you would like to receive mailed to you via US Mail Additional Email Addresse	a newsletter. Please pla I.	ice an X here				
Referred by:						