



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

YEA Business Membership Application

Today's Date: _____

Business or Firm Name: _____

Address: _____

Address: _____

City, State & Zip: _____

Phone: _____ E-Mail: _____

Business Contact Person/Representative _____

Type of Business: _____

Date the business was established: _____ (exact date not required – the year is okay)

Website address: _____

Annual membership (July to June) dues in the Webster Chamber of Commerce are \$90.00 (Dues are prorated at midyear: January to June will be \$45.00) **Make checks payable to the Webster Chamber of Commerce, Inc.**

Chamber Directory Categories: _____
 (See Chamber Website for categories)

- Print ALL my information on the Chamber website, in the Chamber directory and the newsletter.**
 Don't Print/Publish any of my information. (to select partial information use the boxes below)

Print/list/use/publish my information as follows (X the boxes):	Phone Number	Street Address	E-Mail Address	Website 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 delivered to the email address listed above. List any additional email addresses you would like to receive a newsletter. Please place an X here _____ if you would also like the newsletter mailed to you via US Mail.

Additional Email Addresses for the newsletter and email blasts:

Referred by: _____