



85 Main St, SIDNEY, NY 13838-2295 • 607-561-2642

VISIT US ON THE INTERNET AT www.sidneychamber.org

APPLICATION FOR BUSINESS MEMBERSHIP

Business Name _____

Business Address _____
(Physical address)

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

Mailing Address (If different from physical address) _____

E-mail (to receive minutes and other Chamber related notices) If more than one person, list on back.

Website _____

Contact Person _____

Category you would like your business listed under: _____

Please explain the nature of your business: _____

Our annual membership dues are \$60 per member if paid by August 31st, Payments received after August 31st will be \$70. Our year runs from July 1st to June 30th.
Please send your check payable to Sidney Chamber of Commerce to:

Sidney Chamber of Commerce
85 Main St.
Sidney, NY 13838

Date of application: _____