



PO Box 57 SIDNEY, NY 13838

607-561-2642

VISIT US ON THE INTERNET AT www.sidneychamber.org

APPLICATION FOR FRIEND OF THE CHAMBER MEMBERSHIP

Name _____

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.

Are you interested in Volunteering for any of our events YES _____ NO _____

Our annual membership dues are \$15 per member. Our year runs from July 1st to June 30th.
Please send your check payable to Sidney Chamber of Commerce to:

Sidney Chamber of Commerce

PO Box 57.

Sidney, NY 13838

Date of application: _____