

2024 Membership Application



PO Box 158 · Mexico, New York 13114

Business/Organization Name: _____

And

Authorized Contact Name: _____

(Any one person named above may vote at a meeting on behalf of the business/organization. Any change must be submitted to the Chamber in writing)

or

Individual Member's Name: _____

Mailing Address: _____ City: _____ Zip: _____

Business Street Address: _____ City: _____ Zip: _____

Business Phone: _____ Cell #: _____ Texts accepted? Yes/No

Fax #: _____ Facebook profile name: _____

Email: _____ Website: _____

(Your website will be listed with your business information and will be linked from the Chamber's website.)

Circle up to two (2) categories you would like your business/organization to be listed in:

- | | | | |
|-------------------------|-------------------|------------------|-------------------|
| Author | Antiques | Automotive | Bakery |
| Banking/Financial | Building/Lumber | Camping | Catering |
| Church | Dentistry | Education | Farming/Produce |
| Emergency Services | Fire Dept | Florist/Gifts | Government |
| Health Services | Heating/AC | Insurance | Lawn/Landscaping |
| Lodging | Museum | News Media | Optical/Optomtry |
| Organization/Non-profit | Parks/Recreation | Pest Control | Pet Services |
| Photography | Physician/Medical | Pizza | Promotion/Tourism |
| Property Management | Real Estate | Restaurant | Retail Sales |
| Salon/Day Spa | Trophies | Uniforms/Tuxedos | Veterinary |

Other: _____

Annual Membership Dues:

- | | |
|--|---|
| <input type="checkbox"/> Individual - \$20 | <input type="checkbox"/> Business (up to 10 employees) - \$50 |
| <input type="checkbox"/> Non-Profit - \$20 | <input type="checkbox"/> Business (11-25 employees) - \$75 |
| <input type="checkbox"/> Municipality - \$50 | <input type="checkbox"/> Business (26+ employees) - \$100 |

Applications can be mailed to:

The Greater Mexico Chamber of Commerce; ATTN: Membership Committee; PO Box 158, Mexico, NY 13114

I hereby apply for membership in The Greater Mexico Chamber of Commerce. I realize that the positive actions and activities of the organization require a steady and dependable income. I understand that I will continue to be billed annually for dues.

Signature: _____ Date: _____

Please check all that apply:

Yes, I would like to offer a discount to Chamber Members from my business.

Description of discount: _____

Yes, I would like to host a Chamber meeting at my place of business. Please contact me.

Yes, I may be interested in joining a committee.

For office use only: Add to membership list Membership Card Thank you letter Add to/update website Officer contact
 Assigned to a committee Added to email list