

St. Johnsville Chamber of Commerce 2019 Membership Application

Annual Dues: Business \$75-Individual \$35. \$10 late fee if paid AFTER
January 31, 2019

PRINT- Business Name: _____

Owner/Manager : _____

Address: _____

City & State: _____ Zip Code: _____

Phone: Business _____ Home _____

Email address: _____

Website address: _____

Tag Line: (a simple sentence describing your business):

Web Data: _____ keep _____ change
(note any changes on the back of this page)

_____ New member _____ Renewing member

Signature

Type of Business: See back page. Circle or add as necessary.

(circle or add to other)

Advertising & Printing
Architect
Automotive/Motorcycles
Banking
Building Supplies
Church
Communications
Farms
Funeral Services
Florists/Garden Center
Health Care
Historic Site
Housing
Insurance
Library/Museum

Lodging
Manufacturing
Nursing Home
Organization
Realty
Recreation/Outdoor Sports
Rental
Restaurant
School
Services
Shop/Store
Other _____

PLEASE RETURN COMPLETED FORM AND CHECK TO:

**ST. JOHNSVILLE CHAMBER OF COMMERCE
PO BOX 144
ST. JOHNSVILLE, NY
13452**

THANK YOU!