



## Sign me up!

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## Please check any committees you may be intersted in serving:

- ☐ Administration & Membership
- ☐ Community Relations
- ☐ Fundraising
- ☐ Legislative
- ☐ Marketing

Please mail this card with your **check** made payable to **New City Chamber of Commerce** for annual dues in the amount of **\$150**.

☐ Membership Renewal   ☐ New Member

## Welcome aboard!

### Mail to:

New City Chamber of Commerce  
169 S. Main Street, #408, New City, NY 10956