

CAMDEN AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION



***Required**

***Name of Business:** _____

***Address:** _____

***Representative:** _____

***Date of Application:** _____

***Phone Number:** _____

Email Address: _____

Website or Facebook page: _____

- **Membership Dues are \$75.00 per year, with the billing cycle beginning on January 1st of each year.**
- **Members added after October 1st will have their dues prorated accordingly.**
- **The Chamber of Commerce lists all Members on our website at <http://www.camdennychamber.com/> and on our Facebook page at <https://www.facebook.com/camdenchamberofcommerce/> Please 'like' our Facebook page in order to receive updates, promotions and upcoming events!**

Please make all checks payable to Camden Area Chamber of Commerce and mail them along with your application to:

Camden Area Chamber of Commerce

P.O. Box 134

Camden, New York 13316.