



COLD SPRING AREA CHAMBER OF COMMERCE

P.O. Box 36, Cold Spring, NY 10516 845-265-3200

Email: coldspringchamber@gmail.com

www.coldspringchamber.com

Membership Application

Please circle one: This is a New / Renewal Membership

Company/Business Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

How would you like to be listed? Give your type of business, i.e. Antiques, Gifts, Restaurant, Lawyer, Writer, Boutique, Contractor, etc.

Annual Dues Schedule (effective February 1, 2007)

(Please check one)

Business/Individual Member \$130 _____

Includes listing in area guides and Chamber website

1 business member or individual may attend any networking function at member rate

Not For Profit \$100 _____

Includes listing in area guides and Chamber website

1 organization member may attend any networking function at member rate

Corporate Member \$175 _____

Includes listing in area guides and Chamber website

includes 1 member & up to 4 business associates may attend any networking function at member rate

Associate Member \$75 _____

- not self-employed
- no business affiliation

Enclosed is my check for \$ _____ made payable to Cold Spring Area Chamber of Commerce.

Name of person who referred you to the Chamber: _____

*****Please mail this entire form along with
your payment to the address above.*****

For office use only:

Date received _____ Amount _____

Check # _____ Initials _____