



Committee Member Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Email _____

What is the best way for us to reach you? _____

Why are you interested in getting involved with the New Paltz Regional Chamber of Commerce Committee?

Additional Information

Please submit this form along with a resume to info@newpaltzchamber.org

For more information about the Committee, questions or concerns, contact us at:

257 Main Street, New Paltz, NY 12561

Phone: (845) 255-0243 | Fax: (845) 255-5189