



New Paltz Regional Chamber of Commerce

Membership Application

Business Name _____

Contact Name _____ Contact Title _____

Billing Information (for Chamber Use):

Street _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Address to appear on Website:

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Business Category _____

of full-time employees _____

of part-time employees _____

Social Media @usernames: _____

Payment Information:

Check one: Cash Credit Card Check # _____
 Visa Mastercard Discover American Express

Name on the card _____

Credit Card Number _____ Exp. Date _____ CVV _____

Membership Dues Amount \$ _____

Signature _____

2019 Quarter 2 Membership Promotion

Event Attended: _____ Date: _____ Amount Paid: \$ _____