

2020 Membership Application

Form and payment option available online at www.nyackchamber.org/join-the-chamber

Application Date: _____ Referred by: _____

Name of Business: (as you want it listed) _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Website: _____

Business Description/Profession - Please be as complete as possible; this description will be used for the Chamber website and will be given to visitors and new residents to Nyack.

MEMBERSHIP LEVEL

Business ...\$250.00 Solo Practitioner... \$100.00 Non-Profit....\$100.00 Civic.....\$60.00

I would like to join this committee (circle): Marketing/Promotions | Events | Website | Membership

PAYMENT METHOD Check Credit Card

Make checks payable to: Chamber of Commerce of the Nyacks, Inc.

Mail to: Chamber of Commerce of the Nyacks, P.O. Box 677, Nyack, NY 10960

Pay online at www.nyackchamber.org/join-the-chamber

Credit Card Pay online at www.nyackchamber.org/join-the-chamber

If you prefer to submit payment offline, please complete this form and send by mail, or contact the Chamber at 845-353-2221 to pay over the telephone.

Amount to be charged to your credit card: Level \$_____

Charge to my VISA MasterCard Card Number _____

Expiration Date: _____ CVV Number (3 digits on the card back) _____

I authorize my credit card to be charged for the above amount...

Signature _____