



## MEMBERSHIP APPLICATION

I/We, hereby apply for membership in the Carmel-Kent Chamber of Commerce, and, in consideration of this application being accepted, agree to abide by the Bylaws of the Carmel-Kent Chamber of Commerce, and to pay the annual membership dues until membership is cancelled by resignation submitted in writing while a member in good standing, or otherwise terminated by action of the Board of Directors of the Carmel-Kent Chamber of Commerce.

### **Contact Information**

Name \_\_\_\_\_  
Secondary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_  
E-Mail \_\_\_\_\_

### **Business Information**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone# \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_  
Business Category \_\_\_\_\_  
Business Hours \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Brief Description of the business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to advertise in the monthly newsletter?  Yes  No  
What is the best way to contact you?  Post  Email  Fax  
Do not contact you by:  Phone  Post  Email  Fax

Please enclose a check for \$100 and Mail to:  
Carmel-Kent Chamber of Commerce  
PO Box 447  
Carmel, NY 10512

Or fax a copy of the application to 914-225-8420  
Please call 845-278-3004 with any questions

Signature \_\_\_\_\_ Date \_\_\_\_\_