



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.

Name _____

Business Name _____

Address _____

City, State Zip _____

Business Telephone _____ Alternate Phone _____

E-Mail _____ Fax Phone _____

Secondary Contact _____ Phone _____

Website _____

Business Category _____

Business Hours _____ Number of Employees _____

Brief Description of the business

Would you like to advertise in the monthly newsletter? Yes No

The best way to contact you? Phone Post Email Fax Do not contact you by: Phone Post Email Fax

Signature _____ Date _____

Please enclose a check for \$125 (annual dues) and Mail to:

Carmel-Kent Chamber of Commerce

PO Box 447, Carmel, NY 10512

Or fax a copy of the application to 845 225-8420

Please call 845-278-3004 or Email: info@carmelkentchamber.org with any questions.

We look forward to seeing you at our monthly meetings!