



Membership Application



Please complete the following information by indicating the top reason(s) why you are joining the Chamber. I would like my Chamber membership to:

- Checkboxes for reasons: Increase revenue, Expand Networking Opportunities, Raise visibility for my business, Create cost-effective business savings, Enhance credibility & corporate identity, Gain Access to movers & shakers in the community, Give back to the Community, Have a voice on local, state & federal business issues, Improve the current & future Workforce in the Henrietta area, Promotional opportunities through Website & newsletter



Checkboxes for membership type: New Member, Renewal (Please check one)

Company Name:
Key Contact Name:
Title:
Street Address: City: State: Zip:
Telephone: Fax: e-mail:

I UNDERSTAND THAT BY PROVIDING MY EMAIL ADDRESS ON THIS APPLICATION I CONSENT TO RECEIVING EMAILS FROM THE HENRIETTA CHAMBER OF COMMERCE AS WELL AS PROMOTIONAL INFORMATION FROM HENRIETTA CHAMBER MEMBERS. (INITIAL HERE)

Website URL:
Business Classification:

(Please indicate preference by numbers for first (1), second (2), and third (3))

Contact Preference: Email: Fax: Regular mail:

Who Referred You?



(Participation in this survey is voluntary and for internal informational purposes only)

What year was your business established in the Henrietta area?
Are you a home-based business? Yes No
How many employees do you have including yourself (please report full-time equivalent):
How did you hear about the Henrietta Chamber? Newspaper Internet Word of Mouth Other
Is there anything else you would like us to know?



Please select the appropriate investment level for your business or organization:

- Checkboxes for investment levels: Associate- \$125, Partner- \$300, Premier- \$500, Cornerstone \$1,000

Dues may be tax deductible as an ordinary business expense, but they are not deductible as a charitable expense.



Checkboxes for payment: Check Payable to: Henrietta Chamber of Commerce, Invoice- Please invoice me, Credit Card: VISA, MasterCard, Credit Card #: Exp. Date: Security Code: Billing Address: Billing Phone: Signature:

Please return this agreement along with payment information to: Henrietta Chamber of Commerce
PO Box 562 * Henrietta, NY 14467 * 585-747-4459* Fax 585-359-4555
hcc@henriettachamberofcommerce.org

For Office Use Only:
Entered in Chamber Master: Member Welcome Sent: Reviewed By:
Ambassador Referred By: