

The Competitive Edge

... in Networking
...in Promotion
...in ROI opportunities

Welcome to The Chamber

Join Today!

Membership Application



Montgomery County Chamber of Commerce

Membership Application

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-mail: _____ Website: _____

Contact Person: _____ Title: _____ Year Founded: _____

of Employees Total: _____ (#Full-time _____)(#Part-time _____) Date of Application ____/____/____

Membership Investment: _____ Paid (date/check#): _____

Company Description (for website, directory, newsletter, etc.):

I would like to offer the following Member-to-Member Discount to my fellow Chamber members:

I joined The Chamber for the following reason(s): Discounts Insurance Professional Education
 Networking Advertising & Marketing Other _____

I would like information on joining the following committee(s): Ambassador Legislative Affairs
 Membership/Events Scholarship T.I.L.T. Tourism/Promotion W.O.W.
(young professionals) (women professionals)

SIGNATURE

Person/Business Referring You: _____

Please return this form to The Chamber offices at: 1166 Riverfront Center, Amsterdam, NY 12010

Phone: (518) 842-8200 Fax: (518) 684-0111

A one-time processing fee will apply