



MEMBERSHIP APPLICATION

*Eden Chamber of Commerce, Inc.
8226 N. Main Street
Eden, NY 14057
(716)992-4799*

E-mail: edenchambercomm@gmail.com

Website: www.edennycc.com

Date: _____

Option 1: BUSINESS MEMBERSHIP

Annual Dues: (January-December) are based on number of employees. For purposes of this application, a full-time worker is equal to one employee and a part-time worker is equal to 1/2 an employee.

1-10 employees = \$65.00 11-75 employees = \$80.00 more than 75 employees = \$105.00

Business Name: _____ Year Business Opened: _____

Contact Name: _____ Title: _____

Business Mailing Address: _____

Street Address (if different): _____

Phone: _____ Fax: _____ E-mail: _____

Product Sold or Services Rendered: _____

Category Listing for Member Directory: _____

Number of Employees: Full-time _____ Part-time: _____ Annual Dues: _____

Would You Serve on a Committee _____ Sponsor's Name (if applicable) _____

Option 2: ASSOCIATE MEMBERSHIP

The Eden Chamber invites the participation of individuals and community organizations.
Annual Dues (January-December) are \$40.00

Name: _____

Profession: _____

Preferred Mailing Address: _____

Phone: Work _____ Home _____ Fax _____ E-mail _____

Would You Serve on a Committee _____ Sponsor's Name (if applicable) _____

Please make checks payable to Eden Chamber of Commerce, Inc.

Membership in the Eden Chamber is not tax deductible as a charitable contribution. Chamber membership dues may be deductible as an ordinary and necessary business expense.