

## Gowanda Area Chamber of Commerce Membership Application Form

Name of Business / Organization \_\_\_\_\_

Name & Title of Contact Person \_\_\_\_\_

Address	City	State	Zip
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Telephone (Business) \_\_\_\_\_ Home (if applicable) \_\_\_\_\_

Type of Membership      Business (\$100/year)      Individual (\$50/year)

# Years in Business \_\_\_\_\_

Are you interested in serving on special committees? \_\_\_\_\_

Describe your Business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_