



**GOWANDA AREA  
CHAMBER OF COMMERCE**

27 W. Main Street

P. O. Box 45 ♥ Gowanda, NY 14070

E-Mail: [gowandachamber@yahoo.com](mailto:gowandachamber@yahoo.com)

## Membership Application

Business Name \_\_\_\_\_

Number of Employees \_\_\_\_\_ Date of Application \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

Preferred method of communication \_\_\_\_\_

Annual Membership Dues – Business \$100.00                      Individual Member Dues \$50.00

Mail check payable to Gowanda Area Chamber of Commerce with this application to:  
**Gowanda Area Chamber of Commerce, P.O. Box 45, Gowanda, NY 14070**

Are you interested in serving as a volunteer on a Chamber committee this year?    Yes    No  
Will you appoint someone in your organization to attend meetings?    Yes    No

Please provide a brief description of your business for us to include on our web site. If you have brochures available please forward to us. We receive requests for information so please include any and all details, for example if you have a conference room available for use and cost, if any. The more details you include the more customers we can refer to your business. Feel free to use another sheet or the back of this form for your business description.

**Gowanda ♥ The Heart of Western New York**

<http://gowandachamber.com>

**Like us on facebook/Gowanda Area Chamber of Commerce**

Thank you for your time and consideration. We hope to see you or your representative at our next meeting; your voice is important to us and we look forward to working with you on growing your business and others in the future.

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