



**GOWANDA AREA
CHAMBER OF COMMERCE**

15 South Water Street
P. O. Box 45 ♥ Gowanda, NY 14070
E-Mail: 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
(Waived for new businesses)

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.

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.

Gowanda ♥ The Heart of Western New York
<http://gowandachamber.com>
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