

Membership Application

Business Name		
Number of Employees _	Date of Applicat	ion
Mailing Address		
Physical Address		
Contact Person		Title
Phone	Cell	Fax
E-mail	Web Site	
Preferred method of co	nmunication	
Date/year business oper	ned	
Annual Membership Du (Waived for new		Individual Member Dues \$50.00
• •		of Commerce with this application to:
Gowanda Ar	ea 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

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 details, for example if you have a conference room available for use and cost, if any. Thank you for your time and consideration.

Board of Directors: Nicholas Crassi, Jr., President, Wanda Koch, Vice President, Mary Stelley, Secretary/Treasurer, Gary Patterson, Immediate Past President, Robert Dingman, Becky Grudzien, Irene Jimerson, Carol Sheibley, Shannon Smuda, Melinda Spire

Gowanda ♥ The Heart of Western New York http://gowandachamber.com Like us on Facebook/Gowanda Area Chamber of Commerce