**Greater Newark Chamber of Commerce**  
199 Van Buren Street, Newark NY 14513 Attn: Administrative Support  
Phone: 315-331-2705 Email: support@newarknychamber.org

**Membership Application 2021**

To meet the general expenses of the Chamber for 2021 and beyond, membership dues are as follows:

**Non-Profit Organizations: $100**

**Individuals/Businesses w/no Employees: $100**

**1-50 Employees: $150**

**51+ Employees: $200**

**Dues can be paid via check, cash or credit card via WAVE (call office for information on WAVE)**

Company/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_

Primary Business Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instagram Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twitter Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Category (one – two word for web site/Directory) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Year Business started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a milestone coming up in your business: \_\_\_\_\_\_\_\_\_ How many years? ­­­­­­­­\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_