

2019 Membership Application



Thank You For Your Annual Membership

Please complete and return this form with your check payable to the Pawling Chamber of Commerce to:

**Treasurer
Pawling Chamber of Commerce
P.O. Box 19
Pawling, NY 12564-0019**

Business:	\$170*	Renewal _____	New _____
*\$200 if not paid and received by March 1, 2019			
Individual (non-Business):	\$ 35	Renewal _____	New _____
Not-for-Profit Organization: **	\$ 45	Renewal _____	New _____

**As required by law, please supply your Charities' Registration Number unless previously submitted: _____

PLEASE COMPLETE THE FOLLOWING

Business/Individual/Organization: _____

Contact: Name & Title: _____

Business Address: _____

City, State, Zip: _____

Mailing Address if different: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

Description of Business/Organization in 25 words or less: _____

Preferred Category for Website and Guidebook: _____

Signature: _____ Title: _____ Date: _____, 2019