



Cuba New York Chamber of Commerce, Inc.

ANNUAL MEMBERSHIP APPLICATION (Dues Covering April 1, 2012 – March 31, 2013)

Please Print Clearly

Business/Family/Organization: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Website: _____

Type of Business: _____

Year Established: _____

The above information will be posted on the Cuba Chamber website unless specified below.

- Please do **not** list my business on the Chamber website (www.cubanewyork.us).
- I do **not** want all of my information listed on the website. I will specify on the back of the form.
- I do **not** wish to receive Chamber related e-mail.
- I do **not** wish to participate in the "Cuba Cash" Gift Certificate program.
- Please send my monthly newsletter via e-mail (PDF format)**

Number of Employees: _____ (1 if self-employed)

<p><u>Dues:</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right;"><u>Annual</u></td> </tr> <tr> <td>Family & Non-Profit:</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td colspan="2"><i>(Family members & Non-Profit non-employees are not eligible for group health insurance.)</i></td> </tr> <tr> <td colspan="2">Businesses:</td> </tr> <tr> <td>1 to 10 employees</td> <td style="text-align: right;">\$ 75.00</td> </tr> <tr> <td>11 to 50 employees</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td>51 to 100 employees</td> <td style="text-align: right;">\$140.00</td> </tr> <tr> <td>100+ employees</td> <td style="text-align: right;">\$175.00</td> </tr> </table>		<u>Annual</u>	Family & Non-Profit:	\$ 50.00	<i>(Family members & Non-Profit non-employees are not eligible for group health insurance.)</i>		Businesses:		1 to 10 employees	\$ 75.00	11 to 50 employees	\$100.00	51 to 100 employees	\$140.00	100+ employees	\$175.00	<p>Total Enclosed:</p> <p>\$ _____</p>
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Please return membership form and dues payable to:

**Cuba NY Chamber of Commerce, Inc.
P. O. Box 233
Cuba, NY 14727**

<i>For Office Use Only</i>
Date Received:
Received By:
Check No.:
Amount: