



Cuba New York Chamber of Commerce, Inc.

ANNUAL MEMBERSHIP APPLICATION (Dues Covering April 1, 2010 – March 31, 2011)

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)

Dues:	<u>Annual</u>	Total Enclosed: \$ _____
Family & Non-Profit:	\$ 50.00	
<i>(Family & Non-Profit members 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	

Please return membership form and dues payable to:

Cuba NY Chamber of Commerce, Inc.
P. O. Box 233
22 Water Street
Cuba, NY 14727

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