



Cuba New York Chamber of Commerce, Inc.

ANNUAL MEMBERSHIP APPLICATION

April 1, 2018 – March 31, 2019

Business Name: _____
Contact Name: _____
Address: _____
City / State / Zip: _____
Phone: _____
Email: _____
Website: _____
Year Established: _____
Total Employees: _____

List My Business on the Chamber Website: _____
Please Send Me Chamber Related E-mail: _____
Currently a Health Insurance Benefit Participant: _____
Currently Accepting Cuba Cash Gift Certificates: _____
Send my monthly newsletter by: Mail or email (please circle one)
Specify Your Type of Business _____

To have your business logo included on the Chamber website, e-mail artwork to: cubachamber@verizon.net.

***** Please complete the above information *****

<p>Dues: Family & Non-Profit: \$ 50.00 <i>(Family members & Non-Profit non-employees are <u>not</u> eligible for group health insurance.)</i></p> <p>Business:</p> <table><tr><td>1 to 10 employees</td><td>\$ 75.00</td></tr><tr><td>11 to 50 employees</td><td>\$100.00</td></tr><tr><td>51 to 100 employees</td><td>\$140.00</td></tr><tr><td>100+ employees</td><td>\$175.00</td></tr></table> <p><i>(Self-employed counts as 1 employee.)</i></p>	1 to 10 employees	\$ 75.00	11 to 50 employees	\$100.00	51 to 100 employees	\$140.00	100+ employees	\$175.00	<p style="text-align: center;"><u>AMOUNT DUE</u></p> <p style="text-align: center;">Please remit \$ _____ to begin your membership ending 3/31/19.</p>
1 to 10 employees	\$ 75.00								
11 to 50 employees	\$100.00								
51 to 100 employees	\$140.00								
100+ employees	\$175.00								

Thank you for your continued support!

Please return this application form and dues to:

Cuba NY Chamber of Commerce, Inc.
5 W. Main St.
Cuba, NY 14727

Office Hours: Monday - Friday, 10:00am-2:00pm.

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