

FAIR HAVEN AREA CHAMBER OF COMMERCE

P. O. Box 13, Fair Haven, NY 13064

New/Renewal Membership Application

Please **PRINT** all information CLEARLY

Business Name: # _____
Owners Name: _____
Mailing Address: _____
Business Phone: _____ Home Phone: _____ Cell Phone: _____
E-mail: _____ Website: _____
Business Location: _____ Business Contact: _____

Membership runs from October 1 to September 30 each year. If you have a business you may only become a Business Member. You may be an Associate Member if you are not a business owner, but are interested in furthering the interests of the Fair Haven Chamber. A Business Member listing includes your location, phone and descriptive information in the annual directory and a listing on our website with your email and a link to your website. If you don't already have your own website, we will host your web page on the Chamber website for \$25.00 per year. Your "address" would be www.fairhavenny.com/YourBusinessName. If you already have a website we will include a link to that at no charge.

Annual Business Membership Dues \$100.00 _____
(Includes business name on website and a listing in the Fair Haven directory/brochure)

Additional Business(es) @ \$50.00 each \$ 50.00 ea. _____

Website Link to Your Page (If you "piggyback" on Chamber site) \$ 25.00 _____
(If you already have a website hosted somewhere else, such as lakeontario.net, **don't** pay the \$25 extra)

Annual Membership Dues, Associate \$ 25.00 _____

Ad Sub-Categories @ \$5.00 each \$ 5.00 ea. _____

Total Submitted \$ _____

Ad Category: ____ Ad Sub-Categories: ____

For the website, select your primary category (C) and any sub-categories (S) for which you will pay \$5.00 each.

____ Attractions ____ Banking ____ Boat Rentals ____ Camping ____ Charters ____ Contractors
____ Lodging ____ Marinas ____ Organizations ____ Real Estate ____ Restaurant/Tavern ____ Services
____ Shopping ____ Vacation Rentals ____ (Other) _____

Brief Description of Business (no more than 35 words): # _____

Please note any corrections on the form, add any missing information, and return to FHACC, P. O. Box 13, Fair Haven, NY 13064. Members must have paid their dues to be able to vote at the annual membership meeting. Thank you for your support!!!

Comments: