
St. Johnsville Chamber of Commerce Membership Application

Annual Dues: Business \$75 – Individual \$35.
\$10 late fee if paid after February 28.



PRINT – Business Name: _____

Owner/Manager: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Email Address: _____

Website Address: _____

Facebook Address: _____

Tag Line (A few words describing your business):

STJCOC.COM Webpage Data: Keep Remove Change.
(Note any changes on the back of this page.)

Type of business (Select one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising and Printing | <input type="checkbox"/> Health Care | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Historic Site | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Automotive/Motorcycles | <input type="checkbox"/> Housing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Insurance | <input type="checkbox"/> School |
| <input type="checkbox"/> Building Supplies | <input type="checkbox"/> Library/Museum | <input type="checkbox"/> Services |
| <input type="checkbox"/> Church | <input type="checkbox"/> Lodging | <input type="checkbox"/> Shop/Store/Retail |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Farms | <input type="checkbox"/> Nursing Home | |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Organization | |
| <input type="checkbox"/> Florists/Gardening | <input type="checkbox"/> Realty | |

Mail completed application form and check to: St. Johnsville Chamber of Commerce
P.O. Box 144. St. Johnsville, NY 13452
