



6470 Route 20A, Suite 2, Perry, NY 14530-9798
Phone: 585-237-0230 Fax: 585-237-0231
www.wycochamber.org

Mid-Year Membership Application

Offer valid June 1st - September 30th



Business Name: _____

Contact Person: _____

Business Address: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____ **Toll-Free Numbers:** _____

Email: _____ **Website:** _____

Number of Employees: **Full-time:** _____ **Part-time:** _____

Please note – part-time employees will be pro-rated on a 2:1 ratio (i.e. 2 part-time employees = 1 full-time employee)

Annual Dues Rate: \$ _____ *(see below for dues schedule – rate is based on number of employees and valid from January - December)*

Please make check payable to Wyoming County Chamber of Commerce

**If you have a second or third business, you can sign up each additional business as a member at a 50% discount*

Membership Investment Rates

- Not-for-profit with 1 – 5 employees: \$85 \$42.50
- Individual/Sole Proprietor: \$85 \$42.50
- Businesses with:
 - 1 – 5 employees: \$85 \$42.50
 - 6 – 10 employees: \$150 \$75
 - 11 – 19 employees: \$200 \$100
 - 20 – 49 employees: \$225 \$112.50
 - 50 – 99 employees: \$275 \$137.50
 - 100+ employees: \$335 \$167.50
- Not-for-profit with more than 5 employees: \$150 \$75

Please provide a description of your business in 30 words or less:

(your description will be listed on the Chamber's website with a free link to your website)

I would be willing to serve on the Board of Directors in the future

I am interested in purchasing health insurance through the Wyoming County Chamber of Commerce

Signature _____ **Date** _____