

# 2021 Membership Application



## Thank You For Your Annual Membership

Please complete and return this form with your check payable to the Pawling Chamber of Commerce to:

**Treasurer  
Pawling Chamber of Commerce  
P.O. Box 19  
Pawling, NY 12564-0019**

Business:	\$170*	Renewal _____	New _____
<b>*\$200 if not paid and received by March 7, 2021</b>			
Individual (non-Business):	\$ 35	Renewal _____	New _____
Not-for-Profit Organization: **	\$ 45	Renewal _____	New _____

\*\*As required by law, please supply your Charities' Registration Number unless previously submitted: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING

Business/Individual/Organization: \_\_\_\_\_

Contact: Name & Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Business/Organization in 25 words or less: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Category for Website and Guidebook: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_, 2020