

2024 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**

Renewed Business: \$200*

***Membership Fee will be discounted to \$170 if renewed by March 31, 2024.**

New Business: \$170

Individual (non-Business): \$ 35 Renewal _____ New _____

Not-for-Profit Organization: ** \$ 45 Renewal _____ New _____

****As required by law, please supply your Charities' or Not-for Profit 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: _____, 2024

**P.O. BOX 19 · PAWLING, NY 12564
845.855.0500**