

MEMBERSHIP APPLICATION 2022



The membership year of the Niagara River Region Chamber of Commerce commences the day you join! Membership renews each year on the anniversary of the date you joined.

Company/Organization Name _____

Business Type _____ **Primary Contact** _____

Mailing Address _____

Physical Address _____

Phone (____) _____ **Fax** (____) _____

E-Mail _____ (For Chamber Communication Only)

Website _____ **Referred By:** _____

25 Word Description

MEMBERSHIP TIERS & SPONSOR PACKAGE

Membership Tiers	Amount
Friend of the Chamber - \$80	_____
Classic Member - \$225	_____
President's Circle - \$1,000	_____
Chairman's Circle - \$2,500	_____
Executive Circle - \$5,000	_____
TOTAL Investment	_____

Remit check payment to:

The Niagara River Region Chamber of Commerce
895 Center Street
Lewiston, NY 14092
suzanne@niagarariverregion.com

Credit Card Payment:

Name on Card: _____
Expiration Date: _____ CVV Number _____

_____ Please charge my credit card in full.

_____ Please charge my credit Quarterly.

Signature _____

Date _____