

MEMBERSHIP APPLICATION 2020



Company/Organization Name _____

Business Type _____ Primary Contact _____

Mailing Address _____

Physical Address _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____ (For Chamber Communication Only)

Website _____

25 Word Description _____

MEMBERSHIP TIER & SPONSOR PACKAGE

<u>Membership Tiers</u>	<u>Amount</u>
Individual Member - \$80	_____
Classic Member - \$195	_____
Premier Member - \$500	_____
President's Circle - \$1,500	_____
Chairman's Circle - \$2,500	_____
Executive Circle - \$5,000	_____

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 _____

ADDITIONAL INVESTMENT OPPORTUNITIES

<u>Event Sponsor Packages</u>	<u>Level & Amount</u>
Business Blenders	_____
Smelt Festival	_____
Awards Dinner	_____
Taste of Lewiston	_____
Golf Classic	_____
Harvest & Hops Festival	_____
Christmas Walk	_____

___ Please charge my credit card in full.

___ Please charge my credit Quarterly.

Chamber membership renews each year on the anniversary of the date you joined.

Signature _____

Date _____

TOTAL Investment _____