MEMBERSHIP FORM 2010

THE GREATER MANLIUS CHAMBER OF COMMERCE

Please complete the information on this form for correspondence and Greater Manlius Chamber Website/Directory

- ❑ *I am renewing my membership and would like my information to remain **EXACTLY** as it currently is in the GMCC Website/Directory*
- ❑ *I am a new member or a renewing member who would like the following information in the GMCC Website/Directory*

Name:

Business/Organization Name:

Business/Organization Address:

Mailing Address (if different from above): _____

Business Telephone: Fax : Cell Phone: _____

Email:

Website:

Brief Description of your Business/Organization *(please be legible and brief, consider using taglines):*

Business Category (select one):

____ Architect
____ Automotive
____ Banking
____ Church
____ Construction
____ Entertainment
____ Finance
____ Food
____ Government
____ Health Service
____ Housing & Real Estate
____ Individual
____ Insurance
____ Interior Design
____ Manufacturer
____ Nursery/Landscaping
____ Organization
____ Professional
____ Promotion/Media
____ Retail
____ Service
____ Travel
____ Veterinarian
Other:

Your Committee/Volunteer Interest:

_____ Major Events
_____ Media Committee
_____ Meetings/Program Committee
_____ Membership Committee

Reason(s) for joining:

_____ Networking
_____ Membership Events
_____ Insurance
_____ Community Involvement
_____ Training & Development
_____ Discounted Advertising

Annual Membership Dues (for 1/1/2010 - 12/31/2010):

Business Members	$ 80.00
Non-Profit 501 (c)	$ 60.00
Resident/Individual	$ 60.00

Advertise in the GREATER MANLIUS CHAMBER OF COMMERCE DIRECTORY:

Full Page Front Inside Cover Ad	$300.00
Full Page Back Inside Cover Ad (last page)	$300.00
Full Page Outside Back (back of directory)	$350.00
Full Page	$250.00
Half Page	$175.00
Quarter Page	$ 75.00
Business Card	$ 60.00
Total Payment Due:	$_____

Please remit this form along with total payment to:

Greater Manlius Chamber of Commerce
305 East Seneca Street
Manlius, NY 13104 **OR** fax to 315-682-5655

Payment Type:

_____ Check Enclosed

_____ Credit Card (Visa or Mastercard)

VISA MasterCard

Credit Card Number:

_____

Exp. Date: _____

Zip Code: _____

Signature:

_____