

Membership Application

(CHECK PAYMENT ONLY: Payment must be included with Application)
Make Checks payable to Yorktown Chamber of Commerce



COMPANY/ORGANIZATION NAME: _____

Mailing address: _____

Street address if different _____

Telephone: _____ Fax: _____

Website: www.yorktownchamber.org Email: _____

Business Categories: (List in order of importance up to 4 categories/key words under which you should be listed):

1) _____ 2) _____ 3) _____ 4) _____

Name of contact: _____ Title: _____

Name of Chamber representative sponsoring you: _____ # of employees: _____

ANNUAL MEMBERSHIP DUES

Local Business Membership	\$ 300.00
Non-Profit Membership	\$ 150.00

SPONSORSHIP OPPORTUNITIES

Diamond	\$	10,000.00
Platinum	\$	5,000.00
Gold	\$	2,500.00
Silver	\$	1,500.00
Bronze	\$	750.00
Donation to Scholarship Fund	\$	_____

APPLICANT PLEASE COMPLETE:

First Name _____ Last Name _____

Signature: _____

The Yorktown Chamber of Commerce 650 Lee Blvd, Suite J02A, Yorktown Heights, NY 10598
www.yorktownchamber.org email: info@yorktownchamber.org