



**MEMBERSHIP APPLICATION**

*Eden Chamber of Commerce, Inc.  
PO Box 124  
Eden, NY 14057  
(716)992-4799*

*E-mail: [edenchambercomm@gmail.com](mailto:edenchambercomm@gmail.com)*

*Website: [www.edennycc.com](http://www.edennycc.com)*

Date: \_\_\_\_\_

**Option 1: BUSINESS MEMBERSHIP**

Annual Dues: (January-December) are based on number of employees. For purposes of this application, a full-time worker is equal to one employee and a part-time worker is equal to ½ an employee.

1-10 employees = \$85.00    11-75 employees = \$100.00    more than 75 employees = \$125.00

Business Name: \_\_\_\_\_ Year Business Opened: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Product Sold or Services Rendered: \_\_\_\_\_

Category Listing for Member Directory: \_\_\_\_\_

Number of Employees: Full-time \_\_\_\_\_ Part-time: \_\_\_\_\_ Annual Dues: \_\_\_\_\_

Would You Serve on a Committee \_\_\_\_\_ Sponsor's Name (if applicable) \_\_\_\_\_

**Option 2: ASSOCIATE MEMBERSHIP**

The Eden Chamber invites the participation of individuals and community organizations.  
Annual Dues (January-December) are \$50.00

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Would You Serve on a Committee \_\_\_\_\_ Sponsor's Name (if applicable) \_\_\_\_\_

**Please make checks payable to Eden Chamber of Commerce, Inc. or you may pay online by scanning the code above.  
Membership in the Eden Chamber is not tax deductible as a charitable contribution. Chamber membership dues may be deductible as an ordinary and necessary business expense.**