



Membership Application

Please take a moment to fill out the information below. Please print clearly.

General Information	
Company Name	
Contact Name	
Business Address	
Phone	
Fax	
Email	
Website	
Company Focus: (i.e., Residential Real Estate Sales, Retail Sales, Property/Casualty Insurance, Health Insurance, Manufacturing, etc.)	

Are you interested in serving on any committees? (circle one) **YES** **NO**
 Do you wish to be listed on the chapter's website? (circle one) **YES** **NO**

Dues are paid yearly January - December

Dues: \$200 (Prorated at \$100 after July 1st)

Make checks payable to: Irvington-on-Hudson Chamber of Commerce

Submit Application and Dues to:

Irvington-on-Hudson
 Chamber of Commerce
 P.O Box 161
 Irvington, New York 10533

Thank you for becoming a member!