

Wellsville Area Chamber of Commerce, Inc.

114 North Main Street
Wellsville, New York 14895
585.593.5080

www.wellsvilleareachamber.com



MEMBERSHIP APPLICATION

FOR THE YEAR APRIL 1, 2018 – MARCH 30, 2019

Given the new format of membership, please complete all applicable areas of the form to ensure we have all of the information we need to meet your membership needs.

BUSINESS INFO

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

CONTACT INFO

Primary Contact Name: _____ Title: _____

Contact email: _____

Contact Phone: _____

MEMBERSHIP LEVEL

Champion Promoter Connector Included Basic

SOCIAL MEDIA INFO

Facebook: _____ Twitter: @ _____

Instagram: _____ LinkedIn: _____

GIFT CERTIFICATE PROGRAM

Any member at or above the Included level is eligible to be a part of the program, but can choose to opt out.

Yes we would like to participate No, we do not want to be a part of the program

OTHER OPPORTUNITIES

Please mark if you would like to be contacted about setting up any of the following opportunities.

Business After Hours Chamber Display Window Ribbon Cutting/Opening Ceremony