

MEMBERSHIP APPLICATION

Name of Business _____

Street Address _____

Mailing Address (if different) _____

City _____ **State** _____ **Zip** _____

Business Phone _____

Website _____

Contact Name _____

Email _____

Contact Phone _____ **Cell** _____

ANNUAL MEMBERSHIP FEES

___ **ANNUAL GENERAL MEMBERSHIP - \$200**

___ **NON-PROFIT ORGANIZATION (501c3) - \$150**

___ **PARTNERSHIP LEVEL - PLATINUM - \$2500**

___ **PARTNERSHIP LEVEL - GOLD - \$1500**

___ **PARTNERSHIP LEVEL - SILVER - \$1000**

TOTAL \$ _____

CHECKS PAYABLE TO: Mount Kisco Chamber of Commerce -OR- CREDIT CARD PYMT

VISA / MC/AMEX # _____ **CVC CODE:** _____

NAME ON CARD _____ **EXP DATE:** _____ **ZIP CODE:** _____