

MEMBERSHIP APPLICATION

Thank you for your membership! Visit www.tiogachamber.com for more information or call 607-687-2020.

BUSINESS NAME

WEBSITE

BUSINESS CATEGORY

PRIMARY INFORMATION

BILLING INFORMATION (IF DIFFERENT)

| | |
|---------|---------|
| Address | Address |
| City | City |
| Contact | Contact |
| Title | Title |
| Email | Email |
| Phone | Phone |

| BUNDLE | | INVESTMENT LEVEL | SOCIAL MEDIA PLATFORM | URL // HANDLE {@TIOGACHAMBER, FACEBOOK.COM/TIOGACHAMBER, ETC.} |
|--------|--------------------|------------------|-----------------------|--|
| | ECONOMIC DRIVER | \$2,500.00 | Facebook | |
| | COMMUNITY BUILDER | \$1,000.00 | | |
| | COMMUNITY INVESTOR | \$600.00 | Twitter | |
| | COMMUNITY PARTNER | \$300.00 | | |
| | BUSINESS CONNECTOR | \$150.00 | \$25.00 FEE* | *Added to all applications for Administrative Processing |
| * | EXTRA/A LA CARTE | *Call to discuss | | |

I'm interested in receiving information on the following opportunities to promote, connect, enrich and advocate for my business. {Please mark all that apply}

| | | | |
|--------------------------|--------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Leadership and Development Workshops | <input type="checkbox"/> | Sponsorship Opportunities |
| <input type="checkbox"/> | Leadership Tioga Program | <input type="checkbox"/> | Hosting an Open House or Membership Mixer |
| <input type="checkbox"/> | Ribbon Cutting or Ceremonial Event | <input type="checkbox"/> | Advertising Opportunities |
| <input type="checkbox"/> | Volunteer Opportunities | <input type="checkbox"/> | Suggestions Welcome! |



METHOD OF PAYMENT

| | |
|--------------------------|-------------|
| <input type="checkbox"/> | CHECK |
| <input type="checkbox"/> | CREDIT CARD |
| Card # | |
| Exp. Date | CVV Code |
| Name on Card | |
| Billing Address | |
| City/State/Zip | |

Authorizing Signature:

Date:

eBlast W/cF QB CM FBSM LLCM BII