

APPLICATION FOR MEMBERSHIP

Membership year --- July 1st to June 30

MEMBERSHIP DUES MUST BE PAID IN FULL BY JUNE 30TH TO BE ELIGIBLE FOR ALL MEMBER BENEFITS

Business Name Name of Owner Mailing Address & Physical Ad	ldress		
Contact Info : Business: ()H Email address: Web address: TYPE OF BUSINESS (based on Brief description of your business	ome: () category listed below):	Cell: ()	
Lodging - # of rooms (Hotel, motel, cottage, efficie	ncy, B&B, private rental)		
 Dining - # of indoor seating_ Shopping Professional & Commercia Realtors Marinas Attractions Non-profit All Inclusive Under what category do you war 	l Services		
Payable by Cash, Check, <u>Chec</u> Credit card - (MC, Visa, Discove Name on Card	<u>ks payable to</u> : Bolton Landing er):	Chamber of Commer	ce
Card # Cardholder Signature:	Exp Date:	CSC#	
	www.boltonchan	nber.com	
Bolton Chamber of Commerce	P O Box 368 Bolton Landing, NY	12814 518-644-3831	mail@boltonchamber.com