

Greater Cicero
Chamber of Commerce
5701 East Circle Drive, #302
Cicero, New York 13039
info@cicerochamber.com



Membership Application

Please fill out application as you wish it to appear and return this application with your dues.

Company Name _____

How many years in business? _____ Anniversary _____

Name: First _____ Last: _____ Title _____

Address: _____

City: _____ State _____ ZIP _____

Phone: _____ Fax: _____ No. of Employees _____

Website: _____ Email: _____

Member to Member Discount- Please indicate the discount you would like to offer to all

Participation by members is crucial for success! Please check off your areas of interest below

- | | |
|---|--|
| <input type="checkbox"/> Networking/Business Before/After Hours | <input type="checkbox"/> Sponsorship Opportunities Festival/Concerts |
| <input type="checkbox"/> Information/Professional Development | <input type="checkbox"/> Banner Slice Program |
| <input type="checkbox"/> Public Affairs/Community Relations | <input type="checkbox"/> Marketing & Promotion |
| <input type="checkbox"/> Cicero Festival Participation (vendor) | <input type="checkbox"/> Committee Opportunities |
| <input type="checkbox"/> Cicero Festival Parade Participant | <input type="checkbox"/> Newsletter/Advertise |
| | Other _____ |

Please circle appropriate Membership Plan:

- Business Members \$110.00 Non-Profit/Supporting Membership \$50.00

-----New Members Only-----

I hereby apply for membership in the Greater Cicero Chamber of Commerce. I agree to abide by the rules and regulations of the organization, as set forth in its by-laws. If applicable, I consent to the posting of my business name and address on the GCCC website and acknowledge that the information is available to the public. The Greater Cicero Chamber of Commerce is a non-profit organization. All business contributions are tax-deductable to the fullest extent by law. All applicant postings and information are subject to the approval of the GCCC Board of Directors.

Signature: _____ Date: _____

Payment Method: Check # _____ MasterCard Visa Amount: _____

Credit Card# _____ EXP. _____ SCRITY CODE _____

Name on credit card: _____

Billing Address: _____ City: _____ ST: _____

FOR OFFICE USE ONLY: _____

- DATA BASE ENTRY COMPLETED CC ENTRY COMPLETED WEB LISTING POSTED