

**GRANVILLE AREA CHAMBER OF COMMERCE  
MEMBER APPLICATION/RENEWAL  
2017**

Date Received: \_\_\_\_\_ **Do we have your current email address?**

**EMAIL** \_\_\_\_\_ **I prefer to be contacted by email Y - N**  
( please circle one)

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Owner** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_

**Business Description** \_\_\_\_\_

(will be on website) \_\_\_\_\_

\_\_\_\_\_

**Basic Membership Options (please select as applicable)**

\_\_\_\_ New Business- 1<sup>st</sup> year free

\_\_\_\_ Annual Membership \$60

\_\_\_\_ Additional business \$20

**Upgrades/Features**

\_\_\_\_ Business listing in single category & direct link to your business website-FREE

Preferred Category \_\_\_\_\_

web address: \_\_\_\_\_

\_\_\_\_ Business listing in more than one category-\$20 per each category

Preferred 2<sup>nd</sup> Category \_\_\_\_\_

\_\_\_\_ Photo of your business-FREE

(please send electronically- [correspondingsecretary@granvillechamber.com](mailto:correspondingsecretary@granvillechamber.com))

**UPDATED WEBSITE COMING SOON**

*Please mail completed application and payment payable to:  
GACC, PO Box 13, Granville, NY 12832*