GRANVILLE AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION and/or ANNUAL RENEWAL INVOICE

2023

Date Received:	_ Do we nave your curre	ent email address?	
EMAIL _		I prefer to be contacted by email	Y - N
Business Name:		(please circle one)	
Mailing Address:			
Physical Address			
Phone:		Fax:	
Business Owner		<u> </u>	
Primary Contact			
Business Description			
(will be on website)			
Add your description			
Newly Established Existing Business-N Annual Membershi Additional Business	ons (please select as applicable) Business- 1 st year Free New Membership- 1 st year \$30 p \$60 s \$20 iness Affiliation \$15		
Upgrades/Features Business listing in s Preferred Category web address:	single category & direct link to you		
	more than one category-\$20 per ea		
		ically- (granvillenychamber@gmail.com))

CHECK OUT OUR WEBSITE & "Like us" on Facebook

www.granvillenychamber.com

Please mail completed application and payment payable to:

GACC

PO Box 13

Granville, NY 12832