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

## 2025

Date Received: Do we have y	our current 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	
Primary Contact	
Business Description	
(will be on website)	
Add your description	
Basic Membership Options (please select as a  Newly Established Business- 1st year Fr Existing Business- New Membership- Annual Membership \$60  Additional Business \$20  Individual, No Business Affiliation \$15	ree 1st year \$30
rych addragg.	ect link to your business website-FREE
Business listing in more than one category  Preferred 2 <sup>nd</sup> Category	ery-\$20 per each category
	send electronically- (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