



SACKETS HARBOR
— CHAMBER OF COMMERCE —

Membership Application

Business Name: _____

Contact Person: _____

Address: _____

Email: _____

Telephone: _____ Cell: _____

Webpage/Social Media address: _____

___ 125.00 Business

___ 50.00 Individual

Make checks payable to SHCC or pay online at sacketschamber.com

Mail to: SHCC, PO Box 17, Sackets Harbor, NY 13685

If you are interested in participating in the Business-to-Business Discount Program.
(example: 10% off)

Please list your discount offered here:

I give permission to use my name/business name in the Visitor Guide, newsletters, and listed on the website:

Authorized Signature:

Please indicate which committees in which you would like to participate:

___ By-laws

___ Internship

___ Networking/Outreach

___ Events

___ Marketing & Advertising

___ Finance

___ Membership

Official Use Only: Paid Check#: _____ Amount: _____ Date: _____