



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

PO BOX 17, SACKETS HARBOR, NY 13685

SACKETSCHAMBER@GMAIL.COM • (315)646-1700 • SACKETSCHAMBER.COM

