



SMETHPORT AREA CHAMBER OF COMMERCE

MEMBERSHIP FORM 2010-11

This information will be posted on the Website

Business Name: _____

Name of Owner: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

My payment is enclosed

Individual	\$ 20	\$ _____
Family	\$ 30	\$ _____
Club or Organization	\$ 60	\$ _____

Businesses, Financial Institutions, Utilities

1-10 employees	\$ 85	\$ _____
11-50 employees	\$ 185	\$ _____
51-100 employees	\$ 235	\$ _____
100 + employees	\$ 335	\$ _____

Please make your check payable to and return this form to:

The Smethport Area Chamber of Commerce
P.O. Box 84
Smethport, PA 16749