



Greater Olean Area
 CHAMBER of COMMERCESM

Membership Application

Name of Business: _____ Today's Date: _____

Contact Person/Title: *(Person we should direct information to regarding GOACC events & benefits)*

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ FAX: _____

E-Mail: _____ WebSite: _____

(By providing fax numbers and email addresses listed above, the company consents to its receipt of communications sent by GOACC.)

Type of Business: _____ # of Employees: _____ Full-Time _____ Part Time _____

Please list 20-words to describe your business which is listed on the Chamber's internet web site:

Who Can We Thank for Membership Referral: _____

| <i>Annual Dues</i> | |
|---------------------------|-------------------|
| 1 - 5 employees: | \$209.00 |
| 6 - 15 employees: | \$235.00 |
| 16 - 25 employees: | \$261.00 |
| 26 - 50 employees: | \$314.00 |
| More than 50 | Please contact us |

We wish to be billed: () annually _____ () other _____

Remember: Your Chamber investment is tax deductible as a business expense.

Thank you!

Please return to:
 Greater Olean Area Chamber of Commerce
 Membership Services
 120 North Union Street • Olean, NY 14760
 (716) 372-4433 • Fax 372-7912
 member@oleanny.com



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|---|
| <i>Office Use Only</i> <input type="checkbox"/> Alpha/Class. <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Gift Certificate <input type="checkbox"/> Insurance <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Other |
|---|