

**Town of Highlands Chamber of Commerce
P. O. Box 574 , Fort Montgomery, NY 10922
tohchamber@gmail.com**

Membership Application

Business or Organization Name (please print clearly):

Business type ("established" > 1 year; "new" < 1 year; "non-profit organization"):

Representative name (please print clearly):

Mailing Address:

Business phone:

Cell phone:

Email address 1 (please print clearly):

Email address 2:

Website address:

Membership selection pursuant to annual schedule (please circle one):

Supporting member/individual (non-business/-organization): \$ 0.00

Non-profit organization: \$ 25.00

New Business (less than 1 year): \$50.00

Business: \$100.00

Authorized Signature and date/title:

Please submit your application and check, issued to The Town of Highlands Chamber of Commerce, to the address above.