

2023 Membership Invoice

Business name/s:	
Contact person	
Address of business(if applicable)	
Address of owner (if different)	
Phone	Email
	Please note: We will send Chamber communications to this email address.
Please check which Membership level you are joining or renewing	
☐ Regular membership (one ye	ear)150.
☐ Two businesses/same owner	r (one year)200.
☐ Not for Profit Organization (d	one year)75.
☐ Associate membership* (one	e year)75.
Please make check payable to the Saugerties Char SCC, P.O. Box 731, Saugerties, New York 12477. (Ple	mber of Commerce and mail to ease include the business name in the memo line & that it is for yearly dues)
Brief description of your businesses or organiz	zation:
Are you interested in hosting a monthly Cham	nber mixer at your place of business?
Would you like to participate in the SCC Bus If yes, please describe the offer to be listed of	siness to Business Discount Program? YesNo In the Chamber website:

If you have any questions about joining the Chamber or renewing your membership, please call 845-901-4981 or email grenache@aol.com

*Associate membership is a smaller business that grosses less then \$30,000 per year.

An Associate Member is entitled to all of the privileges & benefits as a Regular or Not for Profit Membership.