1110 Crosspointe Lane, Suite C, Webster, New York 14580-2968
(585) 265-3960 www.WebsterChamber.com

Not-For-Profit Membership Application

Today's Date: _____

Organization Name: _____

Street Address: _____

Mailing Address (If Different): _____

City, State, & Zip Code: _____

Phone: _____ E-Mail: _____

Organization Contact Person/Representative: _____

Date the organization was established: _____ (Exact date not required – the year is okay).

Website Address: _____

Generally, small volunteer organizations that are a 501c(X) are considered Not-For-Profit for Chamber purposes. Please contact the Webster Chamber office to see if you qualify. The Chamber's membership year begins October 1 and runs through September 30 each year. Dues are prorated quarterly.
Make checks payable to the Webster Chamber of Commerce, Inc. or call the office at (585) 265-3960 to pay by credit card.

____ **Print ALL my information on the Chamber website.**
____ **Don't Print/Publish any of my information**. (to select partial information, use the boxes below.)

Print/list/use/publish my information as follows (X the boxes):	Phone Number	Street Address	E-Mail Address	Website Address
List/use/publish in the Chamber's Newsletter				
List/use/publish on the Chamber's website directory				

Weekly Chamber news will be delivered to the e-mail address listed above. Please list any additional e-mail addresses you'd like to receive e-mail messages.

Additional E-Mail Addresses for the Chamber News:

Referred by: _____