



Candor Chamber of Commerce

Membership Application Form

January 1, 2024 - December 31, 2024

Membership Dues are only **\$35.00!**

Business Name: _____

Official Representatives: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Cell: _____

E-mail Address: _____

Website Address: _____

Can we link your website to the Chamber website? () Yes () No please check one Type of

Business: Please check the appropriate boxes to describe your Business:

- () Accommodations () Animal Care/Veterinary () Auto Sales/Repair () Farm () Health Care
() Retail/Wholesale () Home Based () Manufacturer () Restaurant/Food () Other: _____

Number of Employees: _____ Number of Years in Business? _____

What are your major specialties? _____

Service offered _____

This information will be used for PR purposes by the committee and for the Chamber website.

Please submit payment:

By Check: Candor Chamber, P.O. Box 32, Candor, NY 13743

PayPal: paypal.com/paypal.me/candorchamber

Or using the PayPal app via friends and family to candorchamber@gmail.com

Please place your name and/or business name and contact information in the notes section

Chamber Committee use only:

Date received: _____

Dues Paid: _____