



p.o. box 514 • tuxedo, ny 10987 • www.tuxedochamber.org

MEMBER REGISTRATION FORM

Business Name _____

Primary Representative _____

Alternate Representative (if applicable) _____

Business/Organization Description (for Member Directory) _____

Location Address (for Member Directory) _____

Email (for Member Directory) _____

Website (for Member Directory) _____

Email (for internal Chamber communications) _____

Mailing Address _____

Phone _____

Please enroll me as a member of the Tuxedo Chamber of Commerce in the following classification:

- Professional (i.e. attorney, accountant)
- Business
- Other

Dues for 2010 are \$75.00. Your signature on this form indicates you agree to the following:

The Bylaws of the Tuxedo Chamber of Commerce, Inc.
Attend and participate at monthly meetings
Keep meetings positive
Volunteer for TCC functions
Work together

Signature _____