



# Application for Associate Membership for Travel

**Please type or print requested information.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Travel Member:  Yes  No

**Associate Dues: \$75.00/Year**

**Dues Amount**

**\$ 75.00**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Total Amount Enclosed**

Check \_\_\_\_\_

Credit Card \_\_\_\_\_

Cash \_\_\_\_\_

**Make checks payable to: Greece Chamber of Commerce**

Greece Chamber of Commerce  
2402 West Ridge Road  
Greece, NY 14626  
Telephone: 585-227-7272  
Fax: 585-227-7275  
www.GreeceChamber.org