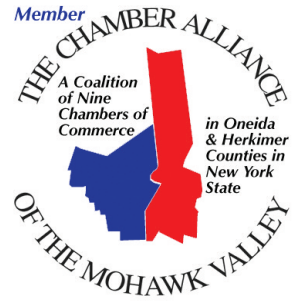




MEMBER



Trenton Chamber of Commerce Membership Application / For 2010

SECTION ONE

For communicating Chamber information, events, etc. This is not for the brochure.

Business Name: _____

Contact Person: _____

Mailing Address: Street _____

City _____ State _____ Zip Code _____

Home Phone/Cell: _____

Email Address: _____

SECTION TWO

This is how you will be listed in the Annual Brochure and on the Chamber Website.

Business Name: _____

Contact Person: _____

Title: _____

Business Category: _____

Suggested Category of Business. See Categories on the Website.

Business Address: Street _____

City _____ State _____ Zip Code _____

Business Phone: _____ Business Fax: _____

Website: _____

Business Email: _____

Annual Dues - \$35
Make Checks Payable To:
Trenton Chamber of Commerce
PO Box 311
Barneveld, NY 13304