



2257 Grand Island Blvd.  
Grand Island, NY 14072  
Phone: (716) 773-3651 Fax: (716) 773-3316  
Website: [www.gichamber.org](http://www.gichamber.org)  
Email: [info@gichamber.org](mailto:info@gichamber.org)

## Application for Membership

Office Use Only:  
Apvd. Class Amt. \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

Business Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**I would like my information added to Chamber Website: YES \_\_\_\_\_ NO \_\_\_\_\_**

Email: \_\_\_\_\_ WebAddress: \_\_\_\_\_

***Business Classification: (i.e. Attorney; Contractor, Physician, Restaurant, Retail, etc.)***

Primary Business: \_\_\_\_\_

Secondary Business: \_\_\_\_\_

# of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**Health Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_**

*(Proof of Business is required and copies attached with this application. See below)*

Proof of Business: DBA/Business Certificate \_\_\_\_\_ NYS 45 Form Completed \_\_\_\_\_

Employer ID No.: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

**Grand Island Chamber of Commerce  
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*Place  
Stamp  
Here*