



1870 Whitehaven Road  
Grand Island, NY 14072  
Phone: (716)773-3651;  
Website: www.gichamber.org  
Email: info@gichamber.org

### Application for Membership

Office Use Only:  
Appl. 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  
1870 Whitehaven Road  
Grand Island, NY 14072*

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**Place  
Stamp  
Here**