

Bainbridge Chamber of Commerce
Membership Sign-Up Form

Business Name: _____

Contact Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Facebook: _____

Type of Business: _____

Brief Description of Business: _____

Date of Sign Up: _____ Payment: _____

Please return to:

The Bainbridge Chamber of Commerce

P O Box 2

Bainbridge, NY 13733