**By providing email addresses, you give the Seneca Salamanca Chamber of Commerce permission to send you emails related to Chamber programs. The Chamber does not sell, rent, publish or distribute the email addresses of its membership.**
Number of Employees:  full time ________  part time ________

Date Business/Organization Founded: ___________

How did you hear about the Chamber? ________________________________________________

Directory Classification: ________________________________________________________________
___________________________________________________________________________________

What services are you interested in learning more about? (circle all that apply)

  Health/Dental/Vision Insurance        Member Benefits        Advertising Options
  Shop Salamanca         Sponsorship Opportunities        Networking Opportunities
  Volunteer Committees       Member to Member Discounts     Training Programs
  Promotional Opportunities     Grand Opening/Open House

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**Annual Membership Dues**

Your Seneca Salamanca Chamber of Commerce membership is tax deductible.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed (no employees)</td>
<td>$125</td>
</tr>
<tr>
<td>1-20 Employee(s)</td>
<td>$150</td>
</tr>
<tr>
<td>Over 20 Employees</td>
<td>$185</td>
</tr>
<tr>
<td>Additional Business/Location Listing</td>
<td>$50</td>
</tr>
</tbody>
</table>

Make Checks Payable to: Seneca Salamanca Chamber of Commerce or SSCC

Amount Enclosed - $________

Signed: ____________________________  Date: ____________________________

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PLEASE RETURN THIS FORM AND PAYMENT TO:

Seneca Salamanca Chamber of Commerce  
734 Broad Street Suite 103  
Salamanca, New York 14779  
Phone: (716) 945-2034  
Email: john@salamancachamber.org