



Website: www.westportny.com

E-mail: membership@westportny.com

Westport Chamber of Commerce

Membership Application

Business/Organization/Supporting Member Name: _____

Listing Category (agriculture, food & dining, etc) _____

E-Mail Address: _____

Phone Number: _____

Mailing Address: _____

Physical Address (if different): _____

Website: _____

Facebook/Instagram/Twitter Name: _____

Short Description of Business/Services Offered: _____

Type of Membership:

- Business (\$70.00)
- Secondary Business (\$35.00)
- Not-for-Profit (35.00)
- Individual/Supporting (\$25.00)

If secondary business, please list primary business for reference: _____

Personal Contact Information (not for public listing): _____

Checks Payable to: **Westport Chamber of Commerce** PO Box 394, Westport, NY 12993