

South Glens Falls • Town of Moreau
Chamber of Commerce

P.O. Box 1436 • South Glens Falls, New York 12803



Member of Adirondack Regional Chambers of Commerce

Website: sgfchamber.com

Dear Business Leader:

We would like to invite you to become a member of the **South Glens Falls-Town of Moreau Chamber of Commerce**. Joining our Chamber will provide opportunities to meet with your contemporaries in our business community. Participating in special projects undertaken by our Chamber is an excellent way for members to have an impact on activities within our Village and Town.

Annual Activities of the Chamber Include:

- Golf tournament and social mixer.
- Sponsorship of a band in the Holiday Parade.
- Annual Meeting/Mixer.
- Award scholarships through the South Glens Falls Central School District.
- Support of other community activities and groups serving the people and businesses of our Village and Town.
- Advertising, including distribution of our membership list, throughout the area and maintenance of our South Glens Falls-Town of Moreau Chamber of Commerce website

Our Board of Directors meeting is held on the second Wednesday of each month at 5:30 p.m. at Kingpin's Alley. Every member is encouraged to attend and be involved in the activities of our Chamber. Come to a meeting and bring your ideas!

We hope you will decide to join us in promoting business, growth and success in the Village of South Glens Falls and the Town of Moreau.

Sincerely,

Joe

Joe Patricke
President

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Application for membership in the South Glens Falls-Town of Moreau Chamber of Commerce can be accomplished by completing the bottom part of this sheet and sending it to the above address or presenting it to one of the Chamber Officers. Each year your membership will be renewed by remitting the dues upon receipt of a statement.

SOUTH GLENS FALLS-TOWN OF MOREAU CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION

Firm Name _____

Contact Name _____

Secondary Contact _____

Business Phone _____

Fax Phone _____

E-Mail _____

Website _____

Physical Location _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Business Description

**FISCAL YEAR IS JANUARY 1 THROUGH DECEMBER 31
AND THE CURRENT MEMBERSHIP DUES ARE \$50.00**

Date

Signature

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Please complete this questionnaire and return in the envelope provided.

Company Name: _____

Principal Contact(s): _____

Mailing Address: _____

Location if
Different from _____

Address: _____

Telephone – Business: _____

Fax Number: _____

E-Mail Address: _____

Website Name: _____

Nature of Business:
(Please describe briefly)
