



www.PhelpsNY.com
 PO Box 1, Phelps, NY 14532
 315-548-5481

Invoice

Payment Address
Phelps Chamber of Commerce
P.O. Box 1
Phelps, NY 14532
United States

Invoice Number	
Invoice Date	
Invoice Due Date	
Terms	NET 30

Bill To:

[Please reference the above Invoice Number on your remittance]

Product Components	Amount
\$40.00 Non-Business Membership	
\$75.00* Basic Membership Includes "Treasures of Phelps" brochure listing; business listing on the PhelpsNY.com web site; chamber newsletter; and use of PCC chamber display window (based on availability); Business of the Month eligibility and medical insurance (based on eligibility).	
\$95.00* Business Link Membership Includes all the above Basic Membership advantages plus a link to your own website from your business listing on the PhelpsNY.com web site.	
\$150.00* Business Link Membership Plus Marketing Includes all the above Business Link Membership advantages plus a display ad in the "Treasures of Phelps" brochure, circulation 5,000, and a display ad on the PhelpsNY.com web site.	
* \$99.00 - Your own web page on PhelpsNY.com for only an <u>additional</u> \$99.00/year, plus the membership plan of your choice. Your information and graphics – we lay it out and maintain it.	
TOTAL REMITTED	

Thank you, we sincerely appreciate your prompt payment.
www.phelpsnny.com/chamber.html

PLEASE REMEMBER THAT THE **PHELPS CHAMBER OF COMMERCE** IS A NOT-FOR-PROFIT ORGANIZATION. PLEASE HELP US TO KEEP OUR COSTS DOWN BY REMITTING YOUR PAYMENT IMMEDIATELY. THANK YOU.

THE TREASURES OF PHELPS BUSINESS LISTING BROCHURE: PLEASE PROVIDE US WITH INFORMATION ABOUT YOUR BUSINESS BELOW.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

WORK PHONE _____ YOUR NAME: _____

BUSINESS DESCRIPTION: _____

BUSINESS WEBSITE ADDRESS: <http://www>. _____



Invoice

www.PhelpsNY.com

PO Box 1, Phelps, NY 14532

315-548-5481

EMAIL ADDRESS (FOR CHAMBER USE ONLY): _____

- I AM INTERESTED IN HAVING A WEB PAGE CREATED FOR MY BUSINESS ON THE PHELPSNY.COM WEBSITE, PLEASE CONTACT ME.
- PLEASE CONTACT ME WITH INFORMATION ABOUT CHAMBER MEDICAL INSURANCE, AVAILABLE TO CHAMBER MEMBERS ONLY.
- YES, I WOULD LIKE TO RECEIVBE THE CHAMBER NEWSLETTER THROUGH EMAIL ONLY.