



Serving community needs for over sixty years

AMITYVILLE CHAMBER OF COMMERCE

P.O. Box 885, Amityville, New York 11701

(631) 598-0695

www.amityvillechamber.org

APPLICATION FOR MEMBERSHIP

July 1st – June 30th

Date _____

New _____ Renewal _____

Dues Enclosed \$ _____ [*Non-Profit Organizations/Individuals--\$45; Business/Profession with 1-25 Employees--\$100; Business/Profession with over 25 Employees--\$175*]

Proposed Member, Company or Organization:

Contact Person _____

Telephone: _____ FAX: _____

Website: _____ EMAIL: _____

Street Address: _____

City: _____, NY Zip Code _____

Alternate Contact: _____

Telephone: _____ FAX: _____

EMAIL: _____

Referred by: _____

If you are interested serving on a committee, or have some other interest please us know.

I hereby apply for membership in the Amityville Chamber of Commerce, agree to pay dues annually in advance, and abide by the rules and regulations of the organization as set forth in its By-Laws.

Signature & Title _____