



MEMBERSHIP APPLICATION

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Type of business, product or service offered: _____

The above business is (check all that apply):

- ☐ Open to the public
- ☐ To the trade only
- ☐ By appointment only Hours of Operation: _____

Applicant Signature: _____ Date: _____

Membership Dues: \$150.00 (*please make checks payable to Elmont Chamber of Commerce*)

Elmont Chamber of Commerce
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Elmont, New York 11003
Phone (516) 864-4219 Email: info@elmontchamber.com
www.elmontchamber.com