

The Elmont Chamber of Commerce

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: _____ Referred by: _____

Applicant Signature: _____ Date: _____

Membership Dues: \$100.00 (*please make checks payable to Elmont Chamber of Commerce*)

Elmont Chamber of Commerce
P.O. Box 030150, Elmont, New York 11003
Phone (516) 352-5232 Email: elmontchamber@gmail.com
www.elmontchamber.com