



Greater Patchogue Chamber of Commerce, Inc.
15 North Ocean Ave., Patchogue, NY 11772 · P: 631-207-1000 · F: 631-475-1599
www.Patchogue.com · info@Patchogue.com

Business Member Application

Date: _____ No. of Employees: _____ Referred by: _____

Business Name: _____

Type of Business: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____ Title: _____

I would be interested in serving on the following committee(s):

Chamber Committees

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Alive After Five® | <input type="checkbox"/> Annual Installation Dinner | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Business Promotion | <input type="checkbox"/> Bylaws | <input type="checkbox"/> Directory |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Hispanic Business Leaders Group | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Midnight on Main St | <input type="checkbox"/> Networking | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Riverfront | | |

Foundation Committees

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Beautification | <input type="checkbox"/> COAD | <input type="checkbox"/> Cultural Heritage |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Theatre |

Annual Payment Method (Please check one):

***\$245 for businesses and organizations with 9 employees or less**

***\$430 for businesses and organizations with 10 employees or more**

Check made payable to "**Greater Patchogue Chamber of Commerce, Inc.**"

Credit Card **Circle One:** Visa, MasterCard, American Express, Discover

Account #: _____ CVC/CVV/CID #: _____ Expiration Date: _____

Billing Address: _____

Signature: _____

** Payment must accompany membership application to become an active member.*

Questions/Comments: _____
