



## 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):

**\*\$260 for businesses and organizations with 9 employees or less**

**\*\$445 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: \_\_\_\_\_

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