



Greater Patchogue Chamber of Commerce, Inc.

15 North Ocean Avenue, Patchogue, NY 11772 · P: 631-207-1000 · F: 631-475-1599

www.Patchogue.com · info@Patchogue.com

Individual Member Application

Date: _____

Referred by: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

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 |

Payment Method (Please Check One):

\$125 membership fee applies to all individuals

- Check made payable to "**Greater Patchogue Chamber of Commerce**"
- 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: _____
