



APPLICATION FOR MEMBERSHIP OF SMITHTOWN CHAMBER OF COMMERCE

DATE: _____

TO THE BOARD OF DIRECTORS:

Application is hereby made for membership in the Greater Smithtown Chamber of Commerce, Inc. with full privileges and benefits to be derived from participation in the mutual goal of improving the economic development of Smithtown.

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS _____

INTERNET ADDRESS: _____

DATE ESTABLISHED: _____

NUMBER OF EMPLOYEES: _____

PRODUCT OR SERVICE: _____

CONTACT PERSON(S): _____

TITLE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

ADDITIONAL INFORMATION/COMMENTS: _____

AMOUNT PAID _____ RECOMMENDED BY: _____

DISCOUNT (if any) THAT WILL BE OFFERED _____
TO FELLOW CHAMBER MEMBERS

SIGNATURE: _____

Please include a business card.