



# MEMBERSHIP APPLICATION

PLEASE MAIL APPLICATION AND DUES TO:  
**WESTBURY-CARLE PLACE CHAMBER OF COMMERCE**  
P.O. BOX 474, WESTBURY, NY 11590

THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP IN THE WESTBURY-CARLE PLACE CHAMBER OF COMMERCE.

PLEASE TYPE OR PRINT CLEARLY.

FIRM NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

**ANNUAL DUES – \$125.00**

CHECK OR MONEY ORDERS

OFFICE USE ONLY

COMPANY \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ CHECK NO. \_\_\_\_\_ CHECK DATE \_\_\_\_\_