



**EAST NORTHPORT
CHAMBER OF COMMERCE**

Membership Application

Instructions:

Print application, complete form and include with your check made payable to East Northport Chamber of Commerce (*see dues below*) and mail to:

**East Northport Chamber of Commerce
24 Larkfield Road
East Northport, NY 11731**

** This application will be reviewed by the Board of Directors of the East Northport Chamber of Commerce at its next regularly scheduled meeting. If for any reason your application is denied, your initial dues check which you have attached, will be returned to you.*

Date: ___/___/_____

Business or Resident Name: _____

Contact Person: _____

Full Address: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Email: _____

Membership Type: (*circle one*) Business Resident Not-for-Profit Organization

** As a BUSINESS member, your business profile will introduce your products and services to other Chamber members.*

Dues: (*circle one*) \$200 for business with 15 or more employees
 \$125 for businesses with less than 15 employees
 \$ 50 for not-for-profit organization
 \$ 50 for residents (includes handbook)

Brief Business Description: _____