



HICKSVILLE

CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

10 West Marie St. Hicksville, NY 11801

P: 516-931-7170 F: 516-931-8546

Email: info@hicksvillechamber.com

Website: www.hicksvillechamber.com

Date	Who may we thank for referring you?
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◀ Business/Firm Profile Information

Business/Firm Name:

Address (Complete Mailing Address)

◀ Primary Contact Information

Main Contact	
Designated Representative	
Phone	Fax
Email	
Website	

◀ Business/Firm Organization Information

Year Business Established	Number of Full Time Employees
Describe Products/Services	

Our organization has the advantage of using a broadcast email list server for keeping you informed of important issues, upcoming events, and a host of other services. Please indicate below if you wish to be informed in this efficient and cost-effective manager.

Yes, place my company on the email list server service No, I am not interested in receiving emails

I hereby apply for membership in the Hicksville Chamber of Commerce and agree to be governed by the requirements of the Bylaws and code of conduct of the Corporation.

Signature _____

Date _____

◀ Membership Fee Structure: *Fees are for one year from date of application.

<input type="checkbox"/> Business & Professional	\$125.00	<input type="checkbox"/> Municipal Entities or Agencies	\$125.00
<input type="checkbox"/> Non-Profit Organization House of Worship	\$65.00	<input type="checkbox"/> Individual/Retired/Civic Member	\$50.00

◀ Method of Payment *All applications must be ratified by the Board of Directors

<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Please Invoice Me <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Card #:	Expiration: Month Year
Card Holders Name:	
Card Holders Billing Address (if different from above):	