



Hicksville

Chamber of Commerce

MEMBERSHIP APPLICATION

P.O. Box 7 Hicksville, NY 11801
 P: 516-931-7170 F: 516-931-8546
 Email: info@hickvillechamber.com
 Website: www.hickvillechamber.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**

Years 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 receive emails.

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

There are also Sponsorship Opportunities to give your business more visibility. Contact our office for details.

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 approval**

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

➤ **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"/> Master Card	<input type="checkbox"/> Discover
Card #					
Card Holders Name				Expiration Date: Month Year	
Card Holders Billing Address (if different than above)					