



# Membership Application

Please mail application and dues to:  
Hicksville Chamber of Commerce  
10 W. Marie St., Hicksville, NY 11801-3804

The undersigned hereby applies for membership in the Hicksville Chamber of Commerce, Inc.  
Please update all information when appropriate.

Date \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_  
Name of Delegate to Chamber \_\_\_\_\_ Delegate's Phone Number (\_\_\_\_) \_\_\_\_\_  
Business Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_ Website Address \_\_\_\_\_  
Nature of Business \_\_\_\_\_  
Years in Business \_\_\_\_\_ No. of Employees \_\_\_\_\_

## Trade References

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
Special Information You Wish To Convey \_\_\_\_\_  
Your Signature \_\_\_\_\_

### Membership Categories and Annual Dues Structure – First Year dues are prorated.

- |   |       |
|---|-------|
| 1. Business and Professional  | \$125 |
| 2. Municipal Entities or Agencies (e.g. Fire District, Water District or Library) | \$125 |
| 3. House of Worship and Other Non-Profit Organizations                            | \$65  |
| 4. Additional Associate Mailings  | \$40  |
| 5. Individual – Retired Hicksville Business Owner                                 | \$50  |

Give Name as You Wish to Appear in Roster

*Office Use Only*

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Company/Name \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Check No. \_\_\_\_\_ Check Date \_\_\_\_\_  
Proposed by \_\_\_\_\_ Date Approved \_\_\_\_\_