



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 _____