



**NESCONSET CHAMBER OF COMMERCE
P.O. BOX 392
NESCONSET, NY 11767**

Membership Application

Name of Business _____

Name of Individual Representative _____

Business Address _____

Business Telephone _____

Business Fax _____

Business Email _____

Business Website _____

Home Address (optional) _____

Home or Cell # _____

Name of Member-Sponsor _____

The undersigned, if approved, hereby agrees to faithfully uphold the constitution and By-laws of the Nesconset Chamber of Commerce, inc. and to further the goals and purpose of the organization. It is further understood and agreed that, subject to application approval by the board of directors, I agree to pay the annual dues in the amount of \$100 as long as I remain a member

X _____

Signature of Applicant

X _____

Date

Please make your check payable to:

Nesconset Chamber of Commerce, Inc.

In the amount of \$100.

Please mail the check with signed application to:

Nesconset Chamber of Commerce, Inc.

PO Box 392

Nesconset, NY 11767