



# EAST ISLIP COMMUNITY CHAMBER MEMBERSHIP APPLICATION

Name of Applicant: \_\_\_\_\_

Type of Applicant (circle one): \_\_\_\_\_ Business / Resident

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell # : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Area of Specialty/Talents: \_\_\_\_\_

Are you interested in serving as an Officer or Committee person? \_\_\_\_\_

By signing below, I agree that the above information is correct and that the Chamber of Commerce is authorized to use such information on the East Islip Community Chamber Web Site.

Signed: \_\_\_\_\_

Title (if a business): \_\_\_\_\_

Dated: \_\_\_\_\_

**Annual dues: \$100 per member. Please enclose check with this application and mail to:**

**EAST ISLIP COMMUNITY CHAMBER**

P.O. Box 225

East Islip, New York 11730