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## MEMBERSHIP APPLICATION

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Name Of Applicant: \_\_\_\_\_

**Select Type Of Membership:**

- Resident Member - \$30.00 Annual Fee  
 Business Member - \$75.00 Annual Fee       Business Member (150+ Employees) - \$200.00  
 Not For Profit Member - \$30.00 Annual Fee

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

Office: \_\_\_\_\_ Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Alternate Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Brief Description Of Your Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that the above information is correct and that the Chamber is authorized to use such information on its website, social media platforms, directory and advertisements.

Signature: \_\_\_\_\_

Print Name / Title: \_\_\_\_\_

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

**Payment Options:**

Pay online at [www.islipchamberofcommerce.org](http://www.islipchamberofcommerce.org)

Remit Check via Mail

Credit Card No. \_\_\_\_\_ Exp: \_\_\_\_\_ Sec Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

P.O. Box 112, Islip, NY 11751

Tel: (631) 581-2720 Fax: (631) 666-3882

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