

Membership Application

** Indicates required field*

Date _____/_____/_____

Choose One * New Membership - \$100 Renewal - \$100

Business Name * _____

Business Category * Shopping Dining Lodging Professional Services
 Entertainment/Recreation Real Estate Automotive, Boat & Transportation
 Banks Clubs & Organizations Contractor
 Other _____

Years in Business * _____

Business Type * Sole Proprietorship Partnership Limited Liability Company Corporation

Describe Your Business * _____

Owner Name(s) * _____

Email * _____

Business Phone # * _____ Mobile Phone # _____

Business Street Address * _____

Eastport, New York 11941

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EASTPORT

Chamber of Commerce

Mailing Address (if different) _____

Website URL _____

Social Media Handles _____

I hereby make this application for membership in the Eastport Chamber of Commerce. I understand that this application is subject to approval by the Board of Directors at its next regularly scheduled meeting. I also understand that the dues structure is based upon a one year membership commencing on the date of joining and that I will be billed annually. Should I wish to cancel my Membership, I will notify the Chamber in writing.

Signature

Date

Print Name

Title

Mail application and payment to:

Chamber of Commerce of Eastport, Inc.
PO Box 714
Eastport, NY 11941

Please make checks payable to Chamber of Commerce of Eastport, Inc.