



MALVERNE

Chamber of Commerce

P.O. Box 330 • Malverne • NY • 11565

APPLICATION FOR MEMBERSHIP

About Your Business

Business Name:

Phone:

Address:

Type of Business / Service:

Designated Representative:

Anniversary of your Business:

About You

Name:

Address:

Phone:

Email:

Annual Dues: \$125.00 payable to Malverne Chamber of Commerce, Inc.

If accepted, I agree to abide by the by-laws of the Association.

Signature:

Date:

Sponsor:
