## Membership Application

· -	=	-		ue Chamber of Commerce. The Copiague Chamber of Commerce is			
	•		•	tions in Copiague, determined to improve the quality of life and general business a networking process among all its members. Annual Dues (due each January 1s			
Membership Type:		Type:	☐ Renewal	□ New			
Select Your	Membership l	Level:					
0	Q Regular Member \$100.00 (Renewals \$90 prior to Jan 1, 2016)  Regular membership includes "full voting rights" as well as the opportunity to take out "business card siz ads" in the Chamber Centerfold. No other "class of membership" is accorded these privileges and benefit						
O	Associate Me	ember	\$50.00				
	Associate me	mbershi	<b>p</b> is available to	o civic, religious and other non-profit organizations.			
O	Individual Me	ember	\$25.00				
	<b>Individual membership</b> is available to any person ("private citizen") interested in the welfare of Copiague and its Chamber						
0	Elected Offici	ial	\$50.00				
			nembership cla ague and its Ch	ass" available to any elected official, at any level, who expresses an interest namber.			
□ I agree Commerce		or memb	ership, to honc	or and be bound by the rules, purposes and By-laws of the Copiague Chamber of			
Applicant S	ignature						
				Zace of Approaction			
Optional	packages:						
O South	oay's Neighbo	r busine	ess card ad: 6	months run for <b>\$200</b>			
O Southk	oay's Neighbo	r busine	ess card ad: 1	year run for <b>\$400</b>			
O Websi	te Sponsorshi	p: <b>\$225</b>	<b>.00</b> for one ye	ear (must be member in good standing)			
O Busine	ss Size Ad in e	eNewsle	etter (with clic	ckable Link) – 6 mos. For \$40.00			
			•	y full payment. Failure to do so will cause automatic rejection. opiague Chamber of Commerce, P.O. Box 8, Copiague, NY 11726			
Enclosed is	my Check for	\$					

## PLEASE FILL COMPLETELY:

## **Primary Contact Person**

First Name:	Last Name:	Title:				
Phone:	Direct phone	number for this contact person:	i.e. President, Marketing Manager, etc.			
	il: Direct phone number for this contact person:  Direct email (will be kept confidential):					
Business Information						
Business Name:						
Phone:	Customer servi	ce phone number:				
Email (will be displayed onl	line):					
Other email address: (will	not be displayed online Website):					
Brief Business Description:						
Business Address Info	ormation					
Mailing Address:						
City:	State	: Zip:_				
Physical Address:(If differen	nt than mailing address)					
Physical Address2:						
	State:					
Additional Informatio	on					
I will participate in the Mer	mber-to-Member Discount Program:	□ Yes □ No				
Briefly describe the discour	nt you will offer to other Copiague Ch	amber members:				
☐ I am interested in servi	ng on the Board of Directors.					
☐ I am interested in servi	ng on a committee. Please specify yo	ur interests:				
☐ I will add the Copiague	Chamber website link to my website					