



MELVILLE CHAMBER OF COMMERCE

Membership Application

Company _____ Date _____

Contact Person _____ Title _____

Address _____

Town/State/Zip _____

Phone _____ Fax _____

Email _____ Website _____

Business Category/Description _____

# Employees		Annual Dues							
1-4	\$250	5-10	\$350	11-20	\$450	21-30	\$600	31-40	\$750
41-50	\$850	51-75	\$950	76-100	\$1,100	101-350	\$1,200	350+	\$1,650

Non-Profit Dues - \$250.00

How Did You Hear About Us?

Website/Email Events Newspaper/Ads TV Radio Direct Mail Referral

Referral Name _____ Other _____

Payment Method (Check One) Visa MasterCard Amex Check/Cashiers Check/Money Order

Payment Amount _____

Name As It Appears On Card (Please Print)

_____ Card Number _____ Expiration Date _____

_____ Security Code _____ Complete Billing Address with Zip Code _____