



**NESCONSET CHAMBER OF COMMERCE  
P.O. BOX 392  
NESCONSET, NY 11767**

**Membership Application**

Name of Business	
Name of Individual Representative	
Business Address	
Business Telephone	
Business Fax	
Business Email	
Business Website	
Home Address (optional)	
Home or Cell #	
Name of Member-Sponsor	

Please make your check payable to:  
Nesconset Chamber of Commerce, Inc.  
In the amount of \$125.

Please mail the check with signed application to:  
Nesconset Chamber of Commerce, Inc.  
PO Box 392  
Nesconset , NY 11767

The undersigned, if approved, hereby agrees to faithfully uphold the constitution and By-laws of the Nesconset Chamber of Commerce, Inc. and to further the goals and purpose of the organization. It is further understood and agreed that, subject to application approval by the board of directors, I agree to pay the annual dues in the amount of \$125 as long as I remain a member.

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Date