

EAST ISLIP COMMUNITY CHAMBER OF COMMERCE, INC.
SERVING THE COMMUNITIES OF EAST ISLIP • GREAT RIVER • ISLIP TERRACE

MEMBERSHIP APPLICATION

Name of Applicant: _____

Type of Applicant (circle one): Business / Resident Type of Business: _____

Address: _____

Office Telephone: _____ Cell Phone: _____ Fax: _____

Contact Person: _____ Title: _____ E-Mail: _____

Website: _____

Are you interested in serving as a Committee member/leader? _____

Annual dues are \$100.00 per member. \$50 for Not for Profit Organizations. Please enclose a check in the amount of \$100.00 payable to East Islip Community Chamber of Commerce, Inc. along with this completed application and mail to: P.O. Box 225, East Islip, New York 11730. By signing below, I agree that the above information is correct and that the Chamber is authorized to use such information on its Web Site.

Signature: _____

Print Name: _____

Title (if a business): _____

Dated: _____

MEMBER BENEFITS

- **Referrals:** The EICC will serve as a referral source for your business among its members and the community.
- **Networking:** Periodic networking events.
- **Group Benefits:** Group advertising rates in local papers. Business card advertising on our website.
- **Promotion:** We promote our organization to the residents in the community who may become customers, clients and workforce for your business.
- **Exposure:** Membership expands your network of customers and business relationships.



Get connected to your business community at
WWW.EICHAMBER.COM

