

Membership Application



Thank you for your interest in joining the Copicague Chamber of Commerce. The Copicague Chamber of Commerce is an alliance of businesses, residents and organizations in Copicague, determined to improve the quality of life and general business environment in Copicague. This is carried out via a networking process among all its members. **Annual Dues (due each January 1st).**

Membership Type: Renewal New

Select Your Membership Level:

Regular Member \$125.00

Regular membership includes "full voting rights" as well as the opportunity to take out "business card sized ads" in the Chamber Centerfold. No other "class of membership" is accorded these privileges and benefits

Associate Member \$125.00

Associate membership is available to civic, religious and other non-profit organizations.

Individual Member \$125.00

Individual membership is available to any person ("private citizen") interested in the welfare of Copicague and its Chamber

Elected Official \$125.00

Elected Official is a "membership class" available to any elected official, at any level, who expresses an interest in the welfare of Copicague and its Chamber.

I agree, in applying for membership, to honor and be bound by the rules, purposes and By-laws of the Copicague Chamber of Commerce.

Applicant Signature

Date of Application

Optional packages:

- Southbay's Neighbor business card ad: 3 issues for **\$150**
- Website Sponsorship: **\$225.00** for one year (must be member in good standing)

All mail-in Applications must be accompanied by full payment. Failure to do so will cause automatic rejection. Please return this form with your check to The Copicague Chamber of Commerce, P.O. Box 8, Copicague, NY 11726

Enclosed is my Check for \$ _____

PLEASE FILL COMPLETELY:

Primary Contact Person

First Name: _____ Last Name: _____ Title: _____
i.e. President, Marketing Manager, etc.
Phone: _____ Direct phone number for this contact person: _____
Email: _____ Direct email (will be kept confidential): _____

Business Information

Business Name: _____
Phone: _____ Customer service phone number: _____
Email (will be displayed online): _____
Other email address: (will not be displayed online Website): _____
Brief Business Description:

Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address: _____
(If different than mailing address)
City: _____ State: _____ Physical Address Zip: _____

Additional Information

I will participate in the Member-to-Member Discount Program: Yes No

Briefly describe the discount you will offer to other Copiague Chamber members:

- I am interested in serving on the Board of Directors.
- I am interested in serving on a committee. Please specify your interests: _____
- I will add the Copiague Chamber website link to my website