

Medford Chamber of Commerce

P.O. Box 926, Medford, New York 11763
631.475.3374 ▪ www.MedfordChamberNY.org
medfordchambercommerce@gmail.com



2012 Membership Application

Please fill out the information as you wish it to appear and return this application with you dues.

Company Name: _____

Name: First _____ Last _____ Title _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Website: _____ **Email:** _____

Additional Emails: _____

Nature of Business: _____

How many years in business? _____ **Number of Employees** _____

Please circle appropriate Membership Plan:

Commercial: 0 – 9 employees \$150.00 per year.

Commercial: 10 – 20 employees \$225.00 per year.

Commercial: over 20 employees \$350.00 per year.

Religious and Non-Profit Organizations: \$150.00 per year.

I hereby apply for membership in the Medford Chamber of Commerce (MCC). I agree to abide by the rules and regulations of the organizations, as set forth in its by-laws. If applicable, I consent to the posting of my business name and business address on the MCC website and acknowledge that the information is available to the public. The Medford Chamber of Commerce is a non-profit organization. All business contributions are tax-deductible to the fullest extent allowed by law. All applicant postings and information are subject to the approval of the MCC Board of Directors.

Signature: _____ **Date:** _____

Print Name: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ PROCESSED BY: _____

PAYMENT METHOD: _____ AMOUNT: _____ CHECK NO.: _____

DATABASE ENTRY COMPLETED EMAIL ENTRY COMPLETED WEB LISTING POSTED

DATE PLATE