

**Medford Chamber of Commerce**  
2204 Route 112, P.O. Box 926, Medford, NY 11763  
631.475.3374 • www.MedfordChamberNY.org  
medfordchamberny@yahoo.com



## 2010 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:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**How many years in business?** \_\_\_\_\_ **Number of Employees** \_\_\_\_\_

Please circle appropriate Membership Plan:

Commercial: 0 – 9 employees \$125.00 per year.

Commercial: 10 – 20 employees \$200.00 per year.

Commercial: over 20 employees \$325.00 per year.

Non-Profit Organizations: \$125.00 per year.

Religious Organizations: \$125.00 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