



Chamber of Commerce of the Mastics & Shirley

Organized and Incorporated 1951

P.O. Box 4 · Mastic, New York 11950 · (631) 399-2228

Email: mschamber11950@gmail.com

Website: masticshirleychamber.org

“Working Together to Make it Better”

Membership Application

I hereby make application for membership in the Chamber of Commerce of the Mastics & Shirley, Inc., agreeing if accepted, to abide by the rules and regulations of the organization as set forth in its constitutions and by-laws.

Business Name _____

DBA _____ Business Address _____

City _____ State _____ Zip _____ Business Phone _____

Number of years in business at this location _____ Business owner name _____

Business Website _____

Home Address _____ City _____ State _____ Zip _____

Home Number _____ Cell Phone _____ Email Address _____

Prefer to be contacted by: Mail _____ Phone _____ Email _____

(CHECK ALL THAT APPLY)

Corporation _____ Partnership _____ Proprietorship _____ Franchise _____ Other _____

Name of the person who will represent this business at Chamber meetings (one person only.)

Name _____ Title _____

A business check for **\$125.00** must accompany this application **OR** we accept credit card payments on our web site: www.masticshirleychamber.org

Applicant's Signature _____ Date _____