



LEVITTOWN CHAMBER OF COMMERCE

PO Box 207, Levittown, NY 11756

Phone: 520-8000 E-Mail: info@levittownchamber.com

Website: www.levittownchamber.com

Name & Title: _____ Name of Business _____

Home Address: _____ Business Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone (Internal records only) _____ Business Phone: _____ Fax _____

E-Mail Address: _____ Website: _____

Please describe your business, type of product/service, customer/clientele, for profit/not for profit: _____

_____ I would like to add my logo on the website (No additional charge). Please e-mail your logo.

2018 MEMBERSHIP

Please Check Box

\$125 New Members

\$110 Current Members

Please make checks payable to and send to:
Levittown Chamber of Commerce
PO Box 207
Levittown, NY 11756

TYPE OF MEMBERSHIP:

REGULAR MEMBERSHIP - A sole proprietorship, partnership or corporation doing business in Levittown from a business address within Levittown.

NON-RESIDENT BUSINESS ENTITY - A sole proprietorship, partnership or corporation doing business in Levittown from a business address outside Levittown.

ASSOCIATE MEMBER - Any non-business, civic, fraternal, religious, political and educational organization or institution and elected officials during their term of office. Associate members have the right to vote, but are not eligible for election as an officer or director of the organization.

Candidates for membership must make written application accompanied by payment of the annual membership fee. The application shall be presented at the next meeting of the Board of Directors and requires, for Regular and Non-Resident Business Entities, an affirmative vote of a majority of the Directors present. Associate Membership requires an affirmative vote of 2/3 of the Directors present.

Signature _____ Date _____ Amount Enclosed \$ _____