



Babylon Town Chamber of Commerce

P.O. Box 234, Babylon, NY 11702-0234

(631) 572-9420 ♦ (631) 592-9484 Fax

info@BabylonTownChamber.org ♦ www.BabylonTownChamber.org

Membership Application

CONTACT INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone2: _____

Email: _____ Website: _____

Primary Contact: _____ Title: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Billing Contact (If Different): _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Business Description for Website (please limit to 500 characters):

Completed By: _____ Date: _____

MEMBER DUES & PAYMENT TERMS

Membership Dues are based on organization type and number of employees. Membership fiscal year is July 1 to June 30.

Business	
<input type="checkbox"/> 1-10 Employees	\$150
<input type="checkbox"/> 11-100 Employees	\$250
<input type="checkbox"/> Over 100 Employees	\$350
Not-For-Profit	
<input type="checkbox"/> 1-10 Employees	\$150
<input type="checkbox"/> 11-100 Employees	\$250
<input type="checkbox"/> Over 100 Employees	\$350
Financial Institution	
<input type="checkbox"/> Per Branch	\$350
Educational	
<input type="checkbox"/> Schools, Colleges, etc	\$350
Residential (non-business)	
<input type="checkbox"/> Family of 1-4 Members	\$100

First Time Application Fee:	\$ 50.00
Member Dues:	\$
Total:	\$

Cash Check Money Order #: _____ Date: _____

Credit Card Type:    

Cardholder: _____

Card #: _____

Exp Date: _____ Sec Code: _____

Signature: _____ Date: _____

Zip Code of Billing Address: _____

For Faster Processing, Send Application along with Credit Card Information Payment