

LITTLE EGG HARBOR CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Today's Date:			
MEMBERSHIP APPLICATION			
Contact Last name:		First:	Business Name:
Phone:	Web Site:	Fax:	E-mail:
Address: [Address/ P.O Box, City, ST ZIP Code]			
<p>Charges</p> <p>\$100 Membership Fee (Membership runs from January to December. Applications accepted after September of each year will be for remainder of year and following year.)</p> <p>Total \$ _____</p>			<p>(Attach business card)</p>
<p>Suggestions for what the Chamber of Commerce can do for my business:</p>			
Client Signature		Date	

* All checks should be made payable to Little Egg Harbor Chamber of Commerce.

* The Little Egg Harbor Chamber of Commerce is a NJ Not for profit Corporation. Admission is subject to approval by the board of directors. Application fees will be refunded if your application is rejected.

Credit Card Authorization Form

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize the Little Egg Harbor Chamber of Commerce to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date