

LITTLE EGG HARBOR CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Today's Date:			
APPLICATION			
Contact		Business	
Last name:	First:	Name:	
Phone:	Web Site:	Fax:	E-mail:
Address: Address, PO Box, City, State & Zip Code			
Charges		(ATTACH BUSINESS CARD)	
<p>\$100 Membership Fee (Membership runs from January through December). New Member applications accepted after September 1st will be charged \$125, that would include the remainder of the year and the following year.</p> <p>Total \$ _____</p>			
<p>Suggestions for what the Chamber of Commerce can do for my business.</p> <p> </p> <p><small>*All Checks should be made payable to the Little Egg Harbor Chamber of Commerce. Mail check to PO Box 1809, Little Egg Harbor, NJ 08087</small></p> <p><small>* 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.</small></p>			
Applicant Signature _____		Date _____	

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:	_____ Security Code on Back of Card _____
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.

Customer Signature

Date