

*Oceanside*

**CHAMBER OF COMMERCE**

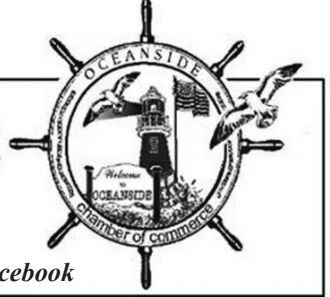
P.O. Box 1 • Oceanside, NY 11572

**516 763-9177**

*email: info@oceansidechamber.org*

*www.OceansideChamber.org*

*Visit us on Facebook*



**2019 MEMBERSHIP**

Please return this completed form with your check payable to: **Oceanside Chamber of Commerce** and mail to: Membership Chairperson Maria Heller 2 State Street, Oceanside, NY 11572.

**Business Membership \$135.00**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Contact Name \_\_\_\_\_

**Email Address** \_\_\_\_\_

Website Address \_\_\_\_\_

Facebook Address \_\_\_\_\_

Business Category \_\_\_\_\_

Fifty words or less to describe your business for publication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Resident Membership \$45.00**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**Email Address** \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT**

For office use only CK# \_\_\_\_\_ CK Name \_\_\_\_\_ Date \_\_\_\_\_