



# Chamber of Commerce of the Mastics & Shirley, Inc.

Organized and Incorporated 1951

P.O. Box 4 · Mastic, New York 11950 · (631) 399-2228

Email: [mschamber11950@gmail.com](mailto:mschamber11950@gmail.com)

Website: [masticshirleychamber.org](http://masticshirleychamber.org)

*“Working Together to Make it Better”*

## Membership Application

I hereby make application for membership in the Chamber of Commerce of the Mastics & Shirley, Inc., agreeing if accepted, to abide by the rules and regulations of the organization as set forth in its constitutions and by-laws.

Business Name \_\_\_\_\_  
DBA \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_  
Number of years in business at this location \_\_\_\_\_ Business owner name \_\_\_\_\_  
Business Website \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Prefer to be contacted by: Mail \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### (CHECK ALL THAT APPLY)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Franchise \_\_\_\_\_ Other \_\_\_\_\_

Name of the person who will represent this business at Chamber meetings (one person only.)

Name \_\_\_\_\_ Title \_\_\_\_\_

A business check for \$100.00 must accompany this application **OR** we now accept credit card payments on our web site: [www.masticshirleychamber.org](http://www.masticshirleychamber.org)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_