



MEMBERSHIP APPLICATION

New Membership

Renew Membership

Date _____

Please print your information exactly as you would like it to appear on the West Islip Chamber of Commerce (WICC) Website and in other publications.

Please choose one category from the following membership types:

Business

Community Group

Family/Resident

Senior Citizen

Name of Owner/Contact Person _____

Name of Business/Organization _____

Address _____

Telephone _____ Cell Phone _____ Fax _____

Website Address _____

E-mail Address _____

Brief Description of your Business/Organization _____

Business membership fees are based on the number of employees at your company; please select a fee appropriate to your membership category and size:

A business with 1-50 employees, fee is \$75.00

A business with 51-100 employees, fee is \$150.00

A business with over 100 employees, fee is \$300.00

Community Group, fee is \$50.00

Resident/Family, fee is \$35.00

Senior Citizen, fee is \$15.00

Please pay by check, made payable to the West Islip Chamber of Commerce, and mail in with your application to the address noted below. Your membership is greatly appreciated.

Help us expand your network by filling out your Social Media Usernames:

Facebook Business Page: _____

Instagram: _____

Twitter: _____

"Your Voice in the Community"

P.O. Box 58, West Islip, NY 11795 516.369.2310 westislipchamber.org