

CHAMBER OF COMMERCE
PO. Box 5241
Old Bridge, NJ 08857
Tel: (732) 607-6340 Fax: (732) 607-6341 www.chamberofcommerceobssa.org

MEMBERSHIP APPLICATION

Application is hereby made for a \$ _____ annual membership in the Chamber of Commerce serving Old Bridge, Sayreville and South Amboy beginning _____, and to be renewed automatically unless written notice is given 30 days prior

Firm. _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Business Classification. _____ No. of Employees _____

Principal Officer _____

Member Representative(s)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Branch, Address of Home Office. _____

Sponsor _____

Signature, _____ Date. _____

(make checks payable to CHAMBER OF COMMERCE)

Dues Structure

No. of Employees	Investment
:k	\$125.00
2-9	\$150.00
10-49	\$200.00
50 - 99	\$300.00
100 - 200	\$400.00
Over 200	\$500.00

Investment is payable in advance and must accompany application