



VERNON CHAMBER OF COMMERCE

**P.O. BOX 308, VERNON, NJ 07462
973-764-0764**

MEMBERSHIP APPLICATION

NAME OF APPLICANT: _____ BUSINESS PHONE: _____

NAME OF BUSINESS: _____ FAX NUMBER: _____

MAILING ADDRESS: _____ EMAIL ADDRESS: _____

PHYSICAL ADDRESS: _____ WEB SITE: _____

ARE YOU A MEMBER OF ANY OTHER CHAMBER ___ YES ___ NO
IF YES, PLEASE LIST: _____

WOULD YOU BE INTERESTED IN SPEAKING OR HOLDING A SEMINAR WITH OUR MEMBERS?:
___ YES ___ NO

CATEGORY: For the purpose of the Chamber Directory and on our internet site, please indicate which category you would like your business listed under.

- _____ HOSPITALITY: (Bed & Breakfast, Hotels & Motels, Inns, Resorts, Restaurants)
- _____ RETAIL: (Antiques, Food, Galleries, Shops, Salons)
- _____ PROFESSIONAL: (Banks, Engineers, Finance, Health Insurance, Legal, Medical, Real Estate)
- _____ INDUSTRY & TRADE (Contractors, Communications, Manufacturing, Suppliers, Technical)
- _____ SERVICE (Automotive Repair, Beauty Salon/Barber, Catering, Travel, etc.)
- _____ OTHER (Specify): _____

Please tell us about your business. Type of business, product or service offered, scope of business, hours of operation, etc.

What areas are you willing to help with? **Membership** _____ **Events** _____ **Legislative** _____
Marketing/Tourism _____ **Seminars** _____ **Others** _____

Membership Fee

\$150.00 (Check #) _____

** Special rate for new members joining of \$110.00 for first year **

Membership Statement: I, the undersigned applicant, agree to abide by the bylaws, regulations and policies of the Vernon Chamber of Commerce and to support the purpose of the Chamber which is to promote local business and create an environment that is favorable for business growth and which will enable Vernon to achieve its highest potential as a business community. Payment for my annual membership to the Vernon Chamber of Commerce accompanies this application.

AUTHORIZED SIGNATURE: _____ DATE: _____