

# Membership Application



Date: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Contact Person Address (if different): \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Brief description of Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION:

Payment method:  Check (enclosed)  Visa  Discover  Mastercard  AMEX

Card Number: \_\_\_\_\_ Exp. Date MM/YY: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

If paying by check make check payable to: Greenpoint Chamber of Commerce, Inc.

Mail checks & application to: 597 Manhattan Avenue, Brooklyn, NY 11222

If paying by credit card fax completed form to (718) 349-3471

**Annual Membership Fee: \$300**