



NORTH SHORE HISPANIC CHAMBER OF COMMERCE

Membership Application

Name of business or individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Website: _____

Name of representative: _____ Title: _____

Referred to the chamber by: _____

Today's date: _____

____ Membership Level 1 - \$125 Small Business 1-10 Employees and Individuals.

____ Membership Level 2 - \$250 Small Business 11-50 Employees.

____ Membership Level 3 - \$375 Mid-Size Business 50-100 Employees.

(All Levels-12 month subscription from the date of acceptance)

____ Check/Money Order ____ VISA ____ MASTERCARD

Name on card: _____

Credit Card #: _____

Expiration Date _____ CC-Code _____

Mail Application to: North Shore Hispanic Chamber
 197 Glen Cove Ave
 Sea Cliff NY, 11579