



LEVITTOWN CHAMBER OF COMMERCE

PO Box 207, Levittown, NY 11756

Phone: 520-8000 E-Mail: info@levittownchamber.com

Website: www.levittownchamber.com

Name & Title: _____ Name of Business _____

Home Address: _____ Business Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone (Internal records only) _____ Business Phone: _____ Fax _____

E-Mail: _____ Website: _____

Facebook: _____ Twitter: _____

Linkedin: _____

Please describe your business, type of product/service, customer/clientele, for profit/not for profit: _____

2023 MEMBERSHIP

Cost \$125 for New Members

Credit card payments may be made at levittownchamber.com. Please e-mail membership application to info@levittownchamber.com after you have paid online. If you wish to pay by check please mail check and membership application to:

Levittown Chamber of Commerce
PO Box 207
Levittown, NY 11756

TYPE OF MEMBERSHIP:

REGULAR MEMBERSHIP - A sole proprietorship, partnership or corporation doing business in Levittown from a business address within Levittown.

NON-RESIDENT BUSINESS ENTITY - A sole proprietorship, partnership or corporation doing business in Levittown from a business address outside Levittown.

ASSOCIATE MEMBER - Any non-business, civic, fraternal, religious, political and educational organization or institution and elected officials during their term of office. Associate members have the right to vote, but are not eligible for election as an officer or director of the organization.

Candidates for membership must make written application accompanied by payment of the annual membership fee. The application shall be presented at the next meeting of the Board of Directors and requires, for Regular and Non-Resident Business Entities, an affirmative vote of a majority of the Directors present. Associate Membership requires an affirmative vote of 2/3 of the Directors present.

Signature _____ Date _____ Amount Enclosed \$ _____

Chamber Member Who Referred You _____