



**LEVITTOWN CHAMBER OF COMMERCE**

PO Box 207, Levittown, NY 11756

Phone: 520-8000 E-Mail: [info@levittownchamber.com](mailto:info@levittownchamber.com)

Website: [www.levittownchamber.com](http://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: \_\_\_\_\_

\_\_\_\_\_ I would like to add my logo on the website (No additional charge). Please e-mail your logo.

\_\_\_\_\_ I would like to offer a discount to chamber members, which will appear on the chamber website.

Discount offered by your business: \_\_\_\_\_

**MEMBERSHIP**

*Please Check Box*

**\$125 New Members Joining Membership Expires 12/31/21**

**\$110 Members Rejoining the Chamber Membership Expires 12/31/21**

Credit card payments may be made at [levittownchamber.com](http://levittownchamber.com). Please e-mail membership application to [info@levittownchamber.com](mailto: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 \$ \_\_\_\_\_

Did anyone refer you for membership to the chamber, if so who? \_\_\_\_\_