



**ST. JAMES**  
**CHAMBER OF COMMERCE**  
 S E R V I N G O U R C O M M U N I T Y

P.O. Box 286  
 ST. JAMES, NY 11780  
 631•584•8510  
 www.StJamesChamber.org

**Membership Application**  
**2017**

**Dear Business Owner:**

**2017 Membership Dues - St. James Chamber of Commerce**

**January 1, 2017 - December 31, 2017 (no pro-rating) .....\$200.00**

*Please fill out form below and return with check to:*

**ST. JAMES CHAMBER OF COMMERCE**  
**PO BOX 286**  
**ST. JAMES, NY 11780**

**Thank You!**

**2017**

*Return this portion with remittance of \$200.00*

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

Owner/Principal \_\_\_\_\_

Address \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Bus. Email \_\_\_\_\_ Bus. Website \_\_\_\_\_

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

With payment of the dues, I do hereby agree to uphold the Constitution and By-laws of the St. James Chamber of Commerce, Inc. and to conduct myself in a manner that is constructive and furthering the goals and principles of this organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Chamber Use Only**

Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_

2017 Dues: \$200.00         **R**         **A**    Amount \$ \_\_\_\_\_