



**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***  
***2024***

Dear Business Owner:

**2024 Membership Dues - St. James Chamber of Commerce**  
**January 1, 2024 - December 31, 2024 (no pro-rating)..... \$225.00**

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

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

***Thank You***  
***2024***

***Return this portion with remittance of \$225.00***

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

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

Address \_\_\_\_\_

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

Mobile \_\_\_\_\_ Mobile # for publication on website Yes \_\_\_\_\_ No \_\_\_\_\_

Business email: \_\_\_\_\_ Bus.. Website \_\_\_\_\_

Type of Business / Category listing for website \_\_\_\_\_

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. _____	
2024 Dues \$225	_____ R _____ A	Amount \$ _____	