



# SEAFORD CHAMBER OF COMMERCE

## 2024 MEMBERSHIP APPLICATION

**We have Seaford Pride! Shop Local & Support Business In Seaford!**

Please select:

New Business \_\_\_\_\_ Resident Member \_\_\_\_\_ Returning Member \_\_\_\_\_

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

OR:

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Facebook Page: \_\_\_\_\_

Yearly Membership Fee:      Business \$125      Resident/Organization \$40

DO YOU GIVE US PERMISSION TO SHARE YOUR INFORMATION AND EMAIL WITH OTHER BUSINESSES? \_\_\_\_ YES \_\_\_\_ NO

PLEASE MAKE CHECKS PAYABLE TO "SEAFORD CHAMBER OF COMMERCE" and mail to PO Box 1634, Seaford, NY 11783

IF PAYING VENMO (@SeafordChamberNY) AND INCLUDE BUSINESS NAME AND CONTACT NUMBER IN COMMENTS

If you have any questions, please contact us at [SeafordchamberNY@gmail.com](mailto:SeafordchamberNY@gmail.com)

For office use: Date received \_\_\_\_\_ Check/Venmo \_\_\_\_\_