

P.O. Box 1, Oceanside, NY, 11572

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2024 Membership Application

Please return this form with your check made payable to: Oceanside Chamber of Commerce Mail to: Membership Committee c/o Brittany Humes, 3161 Royal Avenue, Oceanside NY 11572

Business Name:		
Business Address:		
City:	State:	Zip code:
Phone #:	Cell Phone #:	
Contact Name:		
Email:	Website Address:	
Facebook:	Instagram:	
Twitter:	Youtube:	
Business Category:		
Describe your business:_		
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ssociate Membership y person who is a resident of Oce	\$45.00 canside and has no place of business and conducts no	business in town. As an associate member
	he Chamber member and permitted to attend genera	
Name:		
Address:		
City:	State:	Zip code:
Phone #:	Cell Phone #:	
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