

Lewisboro Chamber of Commerce

2020 Application/Membership Renewal

P. O. Box 329

South Salem, NY 10590

www.lewisborochamber.com
lewisborochamber@yahoo.com

Business Name: _____

Principal of Business: _____

Address: _____

Phone Number/Fax Number: _____

E-Mail: _____

Type of business: _____

Additional information: _____

Membership Dues:

\$25 Local Civic Organization: _____

\$50 for business with 6 or fewer employees: _____

\$75 for business with more than 6 employees: _____

\$20 for Member Spotlight:_____

For details and setting up the page, e-mail the web master: ted@tedstrausswebsites.com

Free link to your website: www._____

Total paid: \$_____ Date:_____

Please make checks payable to Lewisboro Chamber of Commerce