

Lewisboro Chamber of Commerce

2018 Application / Membership Renewal

PO Box 329

South Salem, NY 10590-0329

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 _____

Free link to your website www. _____

Total Paid: \$ _____ Date _____

Please make check payable to: Lewisboro Chamber of Commerce