



Lake Grove Chamber of Commerce
Membership Application

Application Date: _____

Business Name: _____

Individual Name: _____

Business Address: _____

Phone Number: _____

Email: _____

Website: _____

Nature of Business: _____

Payment: \$150 Annual Fee (\$75 Non-Profit Member)

Member's Signature: _____

Please make check payable to: Lake Grove Chamber of Commerce and mail check and application to:

**Lake Grove Chamber of Commerce, Inc.
PO Box 351
Lake Grove, NY 11755**