



**VERNON CHAMBER OF COMMERCE**

**P.O. BOX 308, VERNON, NJ 07462  
973-764-0764**

**2010 MEMBERSHIP APPLICATION**

NAME OF APPLICANT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

ARE YOU A MEMBER OF ANY OTHER CHAMBER \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE LIST: \_\_\_\_\_

WOULD YOU BE INTERESTED IN SPEAKING OR HOLDING A SEMINAR WITH OUR MEMBERS?:  
\_\_\_ YES \_\_\_ NO

CATEGORY: For the purpose of the Chamber Directory and on our internet site, please indicate which category you would like your business listed under.

- \_\_\_\_\_ HOSPITALITY: (Bed & Breakfast, Hotels & Motels, Inns, Resorts, Restaurants)
- \_\_\_\_\_ RETAIL: (Antiques, Food, Galleries, Shops)
- \_\_\_\_\_ PROFESSIONAL: (Banks, Engineers, Finance, Health Insurance, Legal, Medical, Real Estate)
- \_\_\_\_\_ INDUSTRY & TRADE (Contractors, Communications, Manufacturing, Suppliers, Technical)
- \_\_\_\_\_ SERVICE (Automotive Repair, Beauty Salon/Barber, Catering, Travel, etc.)
- \_\_\_\_\_ OTHER (Specify): \_\_\_\_\_

Please tell us about your business. Type of business, product or service offered, scope of business, hours of operation, etc.  
\_\_\_\_\_  
\_\_\_\_\_

What areas are you willing to help with?    **Membership** \_\_\_\_\_ **Nomination** \_\_\_\_\_ **Legislative** \_\_\_\_\_  
**Finance** \_\_\_\_\_ **Events** \_\_\_\_\_ **Marketing/Tourism** \_\_\_\_\_

**2010 Basic Membership Fee**  
**\$150.00 (Check #)** \_\_\_\_\_

**Membership Statement:** I, the undersigned applicant, agree to abide by the bylaws, regulations and policies of the Vernon Chamber of Commerce and to support the purpose of the Chamber which is to promote local business and create an environment that is favorable for business growth and which will enable Vernon to achieve its highest potential as a business community. Payment for my 2010 membership to the Vernon Chamber of Commerce accompanies this application.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_