



THE GREATER
PLAINVIEW-OLD BETHPAGE

Chamber of Commerce Inc.

www.pobcoc.com

516-937-5646

MEMBERSHIP APPLICATION / RENEWAL

Company Name: _____

Type of Business: _____

Address: _____

City, State, Zip: _____

Business phone # (____) _____

Fax number (____) _____

Email _____

Contact Name: _____

Contact Title (ie Mgr, owner) _____

Membership referred by: _____

Application () New or () Renewal

*Please make check payable to
The Plainview- Old Bethpage
Chamber of Commerce for \$100 and*

*mail to:
P.O. Box 577
Plainview, N.Y. 11803.*

SIGNED: _____ **DATE:** _____

Please list any special interests or talents that you can share with the chamber below: