



MEMBERSHIP APPLICATION

*All applications are subject to review and acceptance by
Closter Chamber of Commerce Membership Committee & Board of Directors*

Name:

Name of Business:

Business Address:

Type of Business or Profession:

Number of Employees (*circle one*): 1-10 11-50 51+

For Commercial Property Owners

Commercial Property Owned:

Resident of Closter(*circle one*): Yes No

E-mail Address:

Web Site address:

Mailing Address:

Phone Number:

Fax Number:

Cell Number:

Membership dues for the fiscal year Oct. 1, 2011 to Sept. 30, 2012 are \$100.00.

Make your check payable to: **Closter Chamber of Commerce**. *Please include your check with this application.*

Send to: Louise Boyarsky, Closter Chamber of Commerce, P.O. Box 104, Closter, NJ 07624

Your website or contact information will be linked at the Chamber's website.

Future meetings and news are posted on the Chamber's website.