

**Ronkonkoma Chamber of Commerce
Application for Membership/Renewal**

As a member of the Chamber of Commerce, I will help maintain, promote, and strengthen the Ronkonkoma area, as we strive to create better business.

Please Print Clearly

Name _____ Phone _____

Business Name _____

Address _____

Town _____ Zip code _____

Fax _____ Email _____

Website _____

of Employees _____ Years in Area _____ Literature Enclosed | Yes | No |

I would like to participate in the Super Saver Program | Yes | No |

I can offer a _____ % discount to members/residents holding a valid current SuperSaver Card.

Referral Service: Please give brief Description of business/service you provide

I would like to apply/renew my membership to the Ronkonkoma Chamber of Commerce. Enclosed is a check for \$ _____ dues for one year.

Please circle one: | SILVER | GOLD | PLATINUM | NON-PROFIT | RESIDENTIAL |

Additional Lake Ronkonkoma Stewardship Contribution \$ _____

Total Enclosed: \$ _____

Signature _____ Date _____

Please make check payable to:
Ronkonkoma Chamber of Commerce
P.O. Box 2546
Ronkonkoma NY 11779