



Allendale Chamber of Commerce

2011 New Member Application

_____ **Allendale Business \$150.00** _____ **Non-Allendale Business \$200.00**

(Yearly Renewal After 1st Year for Allendale Businesses \$100.00, dues are subject to change without prior notice)
(Non-Allendale Businesses must be reviewed and approved before membership is extended)

Please Print Clearly and Staple Your Business Card to this Application

Business Information

Company Name: _____

Company Name D/B/A: _____
(if applicable)

Business Address: _____

Mailing Address: _____
(if applicable)

Business Phone: _____ **Business Fax:** _____ **Toll Free:** _____

Company E-Mail Address: _____

Web Site Address: _____

Contact Information

Main Contact: _____

Title: _____

Phone or Ext: _____ **Cell:** _____

E-Mail Address: _____

Alt. Contact: _____

Title: _____

Phone or Ext: _____ **Cell:** _____

E-Mail Address: _____

Please make check payable to: Allendale Chamber of Commerce

Mail to:
PO Box 144
Allendale, NJ 07401



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Web Site Information

General Business E-Mail Address:

Web Site:

The chamber will allow a PRIMARY Category & a SECONDARY Category (if applicable) to your primary business (i.e., State Farm **Insurance & Financial Services**). All SECONDARY Categories will be reviewed and approved by the web site committee. Please check www.allendalechamber.com to see what categories have already been set-up.

Business Category - Main:

(i.e., Banking, Insurance, Marketing, etc.)

Business Category – Secondary:

(only if applicable)

If possible, please e-mailed the information below to mike@crystal-group.com

Business Slogan:

(up to 150 characters)

Business Description:

(up to 500 characters)

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PO Box 144
Allendale, NJ 07401