|  |  |  |  |
| --- | --- | --- | --- |
| **Business Organization** | | | |
| Business Name |  | | |
| Type of Business |  | | |
| # of Employees |  | Years Estab. |  |
| Website |  | | |
| **Contact Information** | | | |
| Name |  | | |
| Address |  | | |
| Cell Phone |  | Work Phone |  |
| Email |  | | |
| **Signature** | | | |

I agree to pay membership dues under the Class designated and to cooperate with the Chamber of Commerce in its efforts to advance the commercial, industrial, professional and civic activities to the Twp. of S. Orange. I Further agree to abide by the By-Laws of the organization.

Annual Dues: $125.00 Please make checks payable to: South Orange Chamber of Commerce

Mail to: South Orange Chamber of Commerce

C/O Couto DeFranco CPAS

300 Executive Dr., #200

West Orange, NJ 07052

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_