



**CLIFFSIDE PARK
CHAMBER OF
COMMERCE**

525 Palisade Ave
Cliffside Park, NJ 07010

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Fax: (201) 335-0078
valp@cliffsideparkchamber.org

Membership Application Form

Business Name: _____

Physical Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Person: _____

Second Contact Person: _____

Type of Business: _____

Date Business Opened: _____

Investment Categories

VALUE MEMBERSHIP Non-Profit, Individuals, Students, Civic Organizations, and Churches	\$65.00
SILVER MEMBERSHIP Small Business: 1 - 10 Employees	\$125.00
GOLD MEMBERSHIP Small Business: 10 - 20 Employees	\$250.00
PLATINUM MEMBERSHIP Small Business: 20 Employees and Above	\$500.00

Number of Employees: _____ Amount Enclosed: _____

Printed Name

- Please Invoice Me

Signature

Date