

Membership Information

January 2009 – December 2009
\$110.00

Business Name: _____

Address: _____

Contact Name: _____

Bus. Phone: _____

Emergency Phone: _____

Fax: _____

E-Mail: _____

Internet Address: _____

Type of Business: _____

of Employees: _____

I am interested in working on the _____ Committee

PLEASE RETURN THIS INFORMATION AND YOUR CHECK FOR \$110 MADE PAYABLE TO:

**THE WYCKOFF CHAMBER OF COMMERCE
P.O. BOX 2
WYCKOFF, NJ 07481**