

Application for Membership

PLEASE PRINT

Bernardsville Chamber of Commerce

P.O. Box 672, Bernardsville, New Jersey 07924

Tel: 908-766-9900; Fax: 908-766-6055; Website: bernardsvillechamber.com

2017 Annual Dues \$200.00

Business Name: _____ **Date:** _____

Address: _____ **City:** _____

Customer Contact: _____ **# of Employees:** _____

Customer Tel #: _____ **Business Hours:** _____

Contact and Tel # for Chamber of Commerce matters (if different):

E-mail: _____ **Website:** _____

Business/Service Overview for Shopper's Guide and Chamber website. (Limit yourself to 50 words, but do use up to that limit.):

Please check one Business Category:

Apparel/Footware:____ **Art/Antiques/Consignments:**____ **Automotive:**____

Bank/Financial/Investment/Insurance:____ **Books/Publications:**____ **Florist:**____

Food/Beverage/Restaurant/Catering:____ **Gifts/Specialty Shop:**____

Health/Fitness/Beauty Salon/Barber Shop:____

Interior Design/Home Furnishings:____ **Jewelry:**____ **Lodging/Country Club:**____

Medical/Legal:____ **Non-Profit:**____ **Professional/Business Services:**____ **Real Estate:**____

Kindly email your business logo and, if possible, a photo of the exterior of your shop, to:

info@bvillechamber.com

Please send your check in the amount of: \$200.00

To: Bernardsville Chamber of Commerce

P.O. Box 672

Bernardsville, New Jersey 07924

Please Note: Acceptance for membership is subject to approval by the Chamber Board. Political organizations and other Chambers of Commerce may not be accepted as members.

For additional information, please call Eileen Loughnane, President 908-642-8369 or Nellie Provost, Administrator 908-766-9900.