



# Oceanside CHAMBER of COMMERCE

P.O. Box 1, Oceanside, NY, 11572



email: [info@OceansideNYChamber.org](mailto:info@OceansideNYChamber.org)

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## 2026 Membership Application

Please return this form with your check made payable to: **Oceanside Chamber of Commerce**

Mail to: Membership Committee c/o Brittany Humes, 3161 Royal Avenue, Oceanside NY 11572

### Business Membership \$150.00

Any business, firm, corporation, partnership or individual proprietorship having a place of business in Oceanside or conducting business in Oceanside and having an interest in the purpose, objectives and goals of the Chamber shall be eligible to apply for membership

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Twitter: \_\_\_\_\_ Youtube: \_\_\_\_\_

Business Category: \_\_\_\_\_

Describe your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Associate Membership \$50.00

Any person who is a resident of Oceanside and has no place of business and conducts no business in town. As an associate member shall be entitled to all privileges of the Chamber member and permitted to attend general meetings of the Chamber.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### For Office Use Only

CK# \_\_\_\_\_ CK Name: \_\_\_\_\_ Date: \_\_\_\_\_