



GREATER PITTSTON CHAMBER of COMMERCE

APPLICATION FORM

(Please Type or Print)

Firm: _____

Address: _____

City/State: _____

Telephone: (____) _____

Web Site: _____

Fax: (_____) _____

E-mail: _____

President/CEO: _____

Local contact & title *(if different from above)*

Classification for Business Directory

Total # Employees *(Full-time)*: _____

Total # Employees *(Part-time)*: _____

Membership Amount: _____

Applicant's Signature: _____

Date: _____

Solicited by: _____

Captain: _____

Your annual investment may be 100% tax deductible as a business expense.

Renewal

Amount Paid

\$ _____

New Member

Check Cash

Former Member

Amount Unpaid

\$ _____

**GREATER PITTSTON
CHAMBER of COMMERCE**

Kennedy Blvd. & William St., Pittston, PA 18640

Telephone: (570) 655-1424 Fax: (570) 655-0336

email: info@pittstonchamber.org

website: <http://www.pittstonchamber.org>

Date: _____

The undersigned hereby applies for membership in the Greater Pittston Chamber of Commerce for the period of one year, said membership continuing from year to year unless terminated by one month's notice in writing prior to the end of this year or any succeeding year. The acceptance of this application by the Board of Directors of the Chamber of Commerce shall complete the undersigned's agreement to pay for each membership.

Name _____