



**BAYVILLE**  
**CHAMBER OF COMMERCE**  
*Your Bridge To Business Success*

P.O. BOX 113, BAYVILLE, NY 11709  
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VINCENT MOSCATO  
*PRESIDENT*  
 MICHAEL CARROZZA  
*VICE PRESIDENT*  
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*TREASURER*  
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*SECRETARY*  
 AMANDA VALDERRAMA  
*RECORDING SECRETARY*

**Membership/“Friends of the Chamber” Associate Membership Dues 2019**

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

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

Phone: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Full Chamber Membership dues (\$120 for the entire year)

“Friends of the Chamber” Associate Membership dues (\$60 for the entire year)

I AGREE TO ABIDE BY ALL BY-LAWS AND CONDUCT MY BUSINESS IN A PROFESSIONAL MANNER AT ALL TIMES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASER PRINT CLEARLY AND COMPLETE ALL INFORMATION

THANKYOU

OFFICE INFORMATION

DATE PAID \_\_\_\_\_ AMOUNT \_\_\_\_\_ CK# \_\_\_\_\_ CASH \_\_\_\_\_

TREASURER \_\_\_\_\_ DATE: \_\_\_\_\_