



# Oradell Chamber of Commerce

## *Membership Application and Renewal*

Name of Business \_\_\_\_\_

Contact Person & Title \_\_\_\_\_

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

\_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Social Media \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Description about your  
business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Member

Renewal

**Annual Dues:** \$100 payable by January 31

**Payable to:** Oradell Chamber of Commerce

PO Box 103  
Oradell NJ 07649