

Matawan-Aberdeen **Chamber of Commerce**

P.O. Box 522 Matawan, NJ 07747 732.290.1125 info@macocnj.com www.macocnj.com

Helping to Build a Strong Business Community Since 1968

New Member Application 2024

Please fill out the following information accurately. It will become your business listing in our directory and website:

Where noted, please check the "For Chamber Use Only" box" if information is NOT for publishing

Business Name:		Business Telephone:	
Business Representative(s):		Cell:	
		Cell: For Chamber use, do not publish in dir	vectory $\Box OK$ to publish \Box
		E-Mail : For Chamber use, do not publish in dir	
Physical Address:			
For Chamber use only-do not publish		Website:	
Mailing Address: (If different from above) For Chamber use only-do not publish			
Business Category:			
As appears in Yellow Pages	ime Registratio	n Fee \$35	
	ership Category		
	*rates subject to cl	nange	_
\$ 90 Non-Profit Organizations		\$215 Business 1–4 Employee	s 🗆
\$270 Business 5 + Employees		\$375 Bank/Corporation	
I am interested in further information on become Application for membership also signifies your permission to the cha- other commercial materials, so that your company can take full adva When an individual or business joins the Chamber, it is assumed the members. This sharing includes the opportunity to network, to solic use the information in the member directory for those purposes. The approval by the Board of Directors of the Matawan-Aberdeen Chamber (no behalf of my company or organization, as its authorized repre- acknowledge and agree: (1) That the information contained in the Matawan-Aberdeen Chambor or epresentation or warranty is made, and no responsibility is assu- any information provided therein; (2) That the Member Directory an relationship; or to substitute for personalized business advice; (3) The the listed or linked members and entities; and (4) To indemnify a representatives from and against any loss, liability, damage, cost against any of them related to or arising out of any listing of, or link to or any other action taken by the Board of Directors in fulfillment of limited to, expulsion of any member, whether an individual or an aut any expiration or termination of my membership.	amber to include your company intage of the Chamber's program at they do so for many purpos it other members, and to be so ese rights and privileges are poer of Commerce INDEMNIFICATION OF THE M sentative, as set forth above; of per of Commerce Member Dire- imed as to the accuracy, qualit d web site are not intended to hat any listings or links in the M and hold harmless the Mataw or expense (including reasona o, the website of myself or my o i their obligations under the te	r in the distribution of facsimiles and e-mails, s ms and services. as. Among these purposes is the right to recei- licited by them. Therefore, as a right and privi rovided upon receipt of the membership applic (ATAWAN-ABERDEEN CHAMBER OF COMM therwise for myself individually, if no company ctory ("Member Directory") and website is solel , timeliness or availability (including, without li- be a source of advertising, solicitation or busin Member Directory and website are not intended an-Aberdeen Chamber of Commerce and its ble attorney fees) incurred or suffered as a company or organization, as the case may be, i ms of the Matawan-Aberdeen Chamber of Com-	eminar information, advertising and ve and share information with other lege of membership, members may ation and payment and acceptance IERCE y or organization is set forth above) y for information purposes, and that imitation, "uptime" of the website) of ness advice; to create any business d to be referrals or endorsements of directors, officers, employees and consequence of any claim asserted in any Member Directory or website, pommerce bylaws, including, but not
As an authorized representative, I hereby apply Enclosed is my check for annual membership a	•		
Representative Signature Please return this form with your check made P.O.	. Box 522, Matawa	-Aberdeen Chamber of Commer n, NJ 07747	

Sign up online at macocnj,com or call the office to pay by credit card 732-290-1125

FOR OFFICE USE ONLY: Check:#	Amount: \$	Date Rec'd:	Initials:
Paid by Credit Card MC Visa AMEX Discover	Amount:\$ Auth #	Date:	Initials: