



# Treasure Island<sup>®</sup>

CHAMBER OF COMMERCE

## Application for Membership

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
D.B.A. (If different): \_\_\_\_\_

### Directory/Web Site Info

### Billing/Contact Info

Contact Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_  
Local Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Toll-Free Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Website (URL) \_\_\_\_\_

Please indicate whether you would prefer to receive chamber communications by:  e-mail  fax

### Payment Information

Description (up to 30 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	+		
<b>Dues</b>		<b>Upgrades</b>	<b>Total Payable</b>

Check (please attach) # \_\_\_\_\_  Cash

Credit Card (please complete information below)

Amex  Discover  Master Card  Visa

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

Acct. #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I, the undersigned, warrant that I am authorized to enter into a Contractual agreement on behalf of the company listed above.

Signature: \_\_\_\_\_

SPONSOR \_\_\_\_\_

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

Title: \_\_\_\_\_

### Instructions:

Please complete both pages of this form and return with your check to 144 107<sup>th</sup> Ave., Treasure Island, FL 33706  
Or complete your credit card information and fax to 727/360-4609.