



Application for Membership

Company Name _____ Date _____

DBA (if different) _____

DIRECTORY/WEBSITE INFORMATION

Contact Name _____

Address _____

City _____ State _____ Zip _____

Local Phone _____

Toll-Free Phone _____

Fax _____

E-mail _____

Website (URL) _____

Description (up to 30 words)

Sponsor _____

Instructions

Please complete both pages of this form and return with your check to: 144 107th Ave., Treasure Island, FL 33706

Or complete your credit card information and fax to 727-360-4609.

BILLING/CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-mail _____

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

PAYMENT INFORMATION

	+		=	
DUES		UPGRADES		TOTAL PAYABLE

_____ Check (please attach) Check # _____

_____ Cash

_____ Credit Card (please complete information below)

_____ Master Card _____ Visa

Name _____

Account # _____

Expiration Date _____

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

Signature: _____

Printed Name: _____

Title: _____

2011 Chamber Dues

<u>COMPANY SIZE (# of employees)</u>	<u>ANNUAL DUES</u>
1-5	\$395
6+	\$595
ASSOCIATE MEMBER (<i>non-voting</i>) Individual and/or Family	\$195
NON-PROFIT (<i>non-voting</i>)	\$195

The Chamber will now be able to offer you upgrades and enhancements on our website for an additional fee – such as additional verbiage, more pictures and upgrades on the placement of your company.

effective 9/11/2011