

MEMBERSHIP APPLICATION

IT IS IMPORTANT THAT YOU FILL THIS FORM OUT COMPLETELY— PLEASE PRINT OR TYPE
We Accept Cash, Credit Cards or Checks Payable to the Perdido Key Chamber

BUSINESS NAME _____

CONTACT _____ **CELL PHONE** _____

BUSINESS ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

Phone _____ **TOLL FREE #** _____ **FAX #** _____

Website _____ **Hours of Operation** _____

E-MAIL _____

MAILING ADDRESS (IF DIFFERENT) _____

Referred By: _____

Membership Type: Individual \$50 _____ Non Profit \$75 _____ Small (1-5 Employees) \$225 _____
Large (6+ employees) \$350 _____

**Please provide a 50 word max description of your business on another piece of paper.
This will be used in our Visitor Guide, Websites and Chamber Inquiries.**

Credit Card Information

Visa Name on Card _____
 MasterCard Billing Address _____
 AMEX City, State _____ ZIP _____
 Discover Card # _____
 Other Exp. Date _____ Security Code _____