

Membership Application

Business Name: _____ Date Established: _____

Physical Address: _____

Mailing Address (If different): _____

Primary Phone: _____ Primary Email: _____

Totally Number of Corporate Employees: _____ Total Number of Local Employees: _____

Accounting/Billing Contact

Name: _____

Title: _____

Phone: _____

Email: _____

Contact for Chamber Communications

Name: _____

Title: _____

Phone: _____

Email: _____

Membership Level Applying For: (all fees are billed annually)

- Individual \$100.00
- Jr./Sr. Individual \$75.00 Age Range: 18-23 or 65+ (Non-Profit Partners Rate)
- Non-Profit Business (\$250,000 or below in revenue) \$150.00
- Small Business (1-5 employees) \$300.00
- Medium Business (6 - 50 employees) \$450.00
- Large Business (50 - 99 employees) \$650.00
- Corporate (100+ employees) \$1,500.00 Includes 4 business listings!

Add-ons:

- Enhanced Listing- \$150.00
- Enhance your basic business listing on VisitPerdido.com to include priority business category placement, expanded business description, photos, logo, video and more!

Help potential customers find your business online!

Brief Business Description: _____

Business Website: _____ Hours of Operation: _____

Preferred Directory Categories:	Preferred Keywords:	Social Media Channels:
1. _____	_____	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter
2. _____	_____	<input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram
3. _____	_____	<input type="checkbox"/> Other _____

Reason for Joining the Chamber:

- Advertising/Marketing Opportunities
- Committee Involvement
- Community/Economic Development
- Educational Opportunities
- Military Appreciation
- Networking/Referrals
- Other _____

Where did you hear about us?

Who referred you to us?

Payment Information:

Amount Total: \$ _____

Cash Check (Check # _____) Credit Card Invoice (Invoice# _____)

Name on Card: _____ Card #: _____

Exp. Date: ____/____/____ CVV Code: _____ Email (For receipt) _____

Billing Address: _____

* Authorized Signature: _____ Date: _____

* Chamber Rep. Signature: _____ Date: _____