



MEMBERSHIP APPLICATION
 1651 Sun City Center Plaza
 Sun City Center, FL 33573
 Phone: 813.634-5111 Fax: 813.634-8438
www.SouthHillsboroughChamber.com

Please accept this application for membership into the South Hillsborough Chamber of Commerce. Upon acceptance, I will be included in all activities, directories, and events and will have the full support and promotional capability of the Chamber.

Business Name _____ Date of Application _____
 Business Address _____
 City _____ Zip Code _____ Year Established _____
 Phone _____ Fax _____
 No. of Employees (FT) _____ (PT) _____ Business Classification _____
 Business Lic. No. _____ Website _____
 Contact Person _____ Title _____
 Email Address _____ Referred by? _____

Annual Dues (Membership is from January – December. After July 1, dues are pro-rated.)

BUSINESS

- Access Level \$220
- Marketing Level \$350
- Premier Level \$600

NON-PROFIT

- \$125

ASSOCIATE

- \$50

Beautification Committee Contribution \$24

Veteran Owned Business

- The South Hillsborough Chamber of Commerce is a not-for-profit organization.
- Membership is subject to approval of the Board of Directors.
- *Membership Dues are Non-Refundable*

Best date for your:

Ribbon Cutting _____
 Grand Opening _____
 Member Coffee Sponsorship _____
 After Hours Hosting _____
 Luncheon Sponsorship _____

We accept major credit and bank debit cards: MasterCard Visa Discover

Card Number _____ Expiration Date _____

Three Digit Code _____

Signature of Authorized Representative _____