

1066 Ridgewood Avenue, Holly Hill, FL 32117

MEMBERSHIP APPLICATION

Business Name:		
Phone:	W	ebsite:
Address:		
Business Description:		
		ısiness Category:
Primary Contact Informa	ation_	
Name:		Title:
Phone:	Email:	
<u> Membership Options (Cl</u>	noose One - dues are paid	annually)
 □ 1-10 Employees (\$150) □ 11-20 Employees (\$200 □ 21-49 Employees (\$250 □ 50+ Employees (\$300) □ Education & Non-Prof □ Friend of the Chambe 	o) it (\$100)	Yes! Sign me up for the Enhanced Membership Package for only \$100!
Payment Options		
☐ Mail me an invoice	□Email me an invoice	\square Pay by card over the phone or in person
	□Sign me up for	Automatic Debit
Signature:		

Date: _____