

## Membership Application

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| <b>Company Name:</b><br><small>(as you would like it listed on all future correspondence &amp; website)</small>   |  |
| Primary Contact:  | Office Phone:  |
| Primary Contact's Title:  | Cell Phone:  |
| Address:  | Fax:   |
| City/State/Zip:   | Website:   |
| E-Mail Address:   | Number of Employees:   |
| Type of Business (be specific):   | Church Affiliation:  |
| Birthday:   | Recommended by:  |
| Are you interested in hosting an after hours business card exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Would you like information on sponsoring an upcoming event? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>ANNUAL DUES SCHEDULE</b>   |  |
| <input type="checkbox"/> <b>Level 1:</b> <b>\$315.00</b>  | <input type="checkbox"/> <b>Level 4:</b> <b>\$979.00</b>   |
| <input type="checkbox"/> <b>Level 2:</b> <b>\$579.00</b>  | <input type="checkbox"/> <b>Non Profit</b> <b>\$200.00</b>   |
| <input type="checkbox"/> <b>Level 3:</b> <b>\$879.00</b>  | <input type="checkbox"/> <b>Individual</b> <b>\$200.00</b>   |
| <b>Annual Dues:</b> One time payment (Check above for amount)   |  |
| \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express | <b>- Office Use Only -</b>   |
| NAME ON CARD: _____   | Check Date: _____  |
| CARD NUMBER: _____  | Check #: _____   |
| BILLING ZIP FOR THIS CARD: _____ EXP. DATE: _____ CSV: _____  | Amount Paid: _____   |

Yes, I wish to become a member of the Christian Chamber of S.W. Florida, Inc. I agree that the Bible is the inerrant Word of God and that eternal life is through **Jesus Christ alone**. This allows the Christian Chamber of SW Florida to send you future communications & updates.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_