



MEMBERSHIP INFORMATION

Business Name: _____

Key Representative: _____ Title _____ Cell# _____

Main Phone: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ State: _____ Zip: _____

Business Website: _____

Company E-Mail: _____

Business Classification: _____ Business Logo: (JPEG) ___y
___N___

Interested in:

___ Tourism | ___ Economic Development: ___ Becoming a Board

Member: ___ Governmental Affairs: ___

___ 1-20 Employees \$195.00 / year

___ 20 plus Employees \$325.00 / year

___ Non-Profit \$140.00 / year

___ Associate Member (non-business) \$100.00 /

year

We accept payment by check payable to: Vero Beach Chamber of Commerce, PayPal, Cash or Credit Card.

CC: Name on Card: _____



Card Number : _____

Card billing Zip Code: _____

Expiration date: MM/YY _____ CVV: (3 or 4 digit number) _____

Authorized Signature: _____

Date: _____