



MEMBERSHIP APPLICATION

1420 19th Place, Vero Beach, FL 32960

772-226-5459

info@verochamber.com www.verochamber.com

Today's Date: _____ Business Name: _____

Representative: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Referred by: _____

I'm Interested In: Economic Development: _____ Tourism: _____

Board Member: _____ Government Affairs: _____ Educational Programs: _____

Networking Events: _____ Volunteer for Chamber Sponsored Events: _____

Business Classification: _____ **No. of Employees:** _____

Annual Business Membership Dues Based on Number of Employees:

\$215 for 1-20: _____ \$360 for 20+: _____ \$155 for Non-Profit: _____

\$110.00 for Individual/Associate Membership _____ **(This is not a business membership)**

Accepted payment methods:

1.) Check made payable to Vero Beach Chamber of Commerce

2.) Cash 3.) Credit Card * processing fee additional

Credit Card #: _____

Name on Card: _____

Card Billing Zip Code: _____ CVV: _____ Expiration: _____

Authorized Signature: _____ Date: _____