

Membership Application



DIRECTORY LISTING [to be displayed online]

Organization Name _____

General Phone _____

General Email _____

General Fax _____

Website _____

Physical Address _____

Billing Address _____

[if different]

Organization Information:

Locally-owned

Minority-owned

Veteran-owned

Woman-owned

Directory Category _____

[select from list on winterhavenchamber.com Business Directory]

Social Media:

Facebook

Instagram

Linked-In

CONTACT INFORMATION

Main Contact _____

Main Contact Title _____

Main Contact Email _____

Main Contact Phone _____

Additional Contacts:

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

REASONS FOR JOINING

Advocacy/Government Relations

Business Resources

Networking

Business Exposure

Community Involvement

Professional Development

Who helped you join? [Name & Organization] _____

MEMBERSHIP INVESTMENT

Tier 1 (\$300)

Tier 4 (\$650)

Partner Member (\$2,500)

Tier 2 (\$375)

Tier 5 (\$1,000)

Legacy Member (\$5,000)

Tier 3 (\$450)

Community Investor (\$10,000)

Please make checks payable to *Winter Haven Chamber of Commerce* and send to:

*Attn: Ana Saavedra
Winter Haven Chamber of Commerce
401 Ave B NW
Winter Haven, FL 33881*

Credit Card Options:

VISA Master Card AmEx Discover

Name on Card _____

Card Number _____

Security Code _____ Exp. Date _____

Billing ZIP Code _____