

# 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 \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Email \_\_\_\_\_  
Email \_\_\_\_\_  
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 2 (\$375)
- Tier 3 (\$450)
- Tier 4 (\$650)
- Tier 5 (\$1,000)
- Partner Member (\$2,500)
- Legacy Member (\$5,000)
- 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 \_\_\_\_\_

# Investment Plans

Thank you for considering investing in your organization's future by joining the Greater Winter Haven Chamber of Commerce. We want to make this as easy as possible for you, so we have two investment plans for you to choose from:

1. You can pay the annual investment **in full**. Your annual renewal date will fall 12 months after you join. You will receive a reminder invoice one month before your renewal date.
2. You can pay the annual investment in **4 recurring quarterly payments**. This option comes at no additional charge and is a convenient way to ensure your payment is always on time. Payment will be debited from your credit/debit account on the first working day of each quarter. A receipt for each payment will be emailed to you.

Should you choose Option #2, please complete the information below:

I \_\_\_\_\_ authorize the Greater Winter Haven Chamber of Commerce to charge my credit card for my quarterly membership investment.

The authorization below is for \$ \_\_\_\_\_, which is to be charged on the first working day of each quarter. Payments will be debited in the months circled below:

**JAN / FEB / MAR / APR / MAY / JUN / JUL / AUG / SEPT / OCT / NOV / DEC**

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Card Information:

VISA                       Master Card                       American Express                       Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_