

# Gulf Coast Chamber of Commerce

## MEMBERSHIP INVESTMENT APPLICATION

Business Name: _____	
Contact Name: _____	
Street Address: _____	
Mailing Address: (If different than street address) _____	
Brief Description of Business: _____	
City/State/Zip: _____	
Phone: _____	Fax: _____
Web Site: _____	Email: _____

Number of Employees \_\_\_\_\_  
 Full Time \_\_\_\_\_  
 Part Time \_\_\_\_\_

**Select Payment:** Check Cash Charge  
 Amex/Visa/MasterCard Exp. Date \_\_\_/\_\_\_  
 Card # \_\_\_\_\_

**Business Category**  
 (Please inquire @  
 your appropriate  
 category & optional  
 Purchase of Add'l categories)

\_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_

**DATE JOINED:** \_\_\_\_\_

Salesperson: \_\_\_\_\_

<b>Membership</b> (Please check one)	<u>Investment</u>	<u>1 Time Proc. Fee</u>
<b>Business Enhancement V</b>	<b>\$1000</b>	Waived
<b>Business Enhancement VI</b>	<b>\$750</b>	Waived
<b>Business Enhancement III</b>	<b>\$500</b>	Waived
<b>Business Enhancement II</b>	<b>\$350</b>	\$25.00
<b>Business Enhancement I</b>	<b>\$250</b>	\$25.00
<b>Base Membership</b>	<b>\$150</b>	\$25.00
<b>Individual Membership</b>	<b>\$99</b>	\$25.00
<b>Non-Profit Organization</b>	<b>\$75</b>	\$25.00

<b>President's Club Membership</b> (additional Fee)	50 or less employees	\$125.00
	51 Plus employees	\$250.00

I understand that by providing the  
 fax and/or e-mail numbers above for  
 the business or organization

represented in this application, I am authorized to and consent for us to receive faxes and/or emails on behalf of the Gulf Coast Chamber of Commerce. Membership investment is nontransferable & non-refundable. Please state your reason for joining the GCCC & Brief Description of Business:

Signature: \_\_\_\_\_

Please forward checks made payable to SCP Gulf Coast Chamber of Commerce, 7328 Sanibel Boulevard, Ft. Myers, FL 33967