



# Gainesville Area Chamber of Commerce Membership Application

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

Please check all that apply: Minority-owned Business: \_\_\_\_\_ Home-based Business: \_\_\_\_\_

## Additional Chamber Representatives

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annual Investment: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

\$ 25.00 Processing Fee Card # \_\_\_\_\_

\$ \_\_\_\_\_ Enhanced Web Listing (\$50) Expiration Date \_\_\_\_\_ SIC: \_\_\_\_\_  
(includes business description)

\$ \_\_\_\_\_ Premium Membership Web Listing (\$100) Name on Card \_\_\_\_\_  
(includes logo and description)

Total Investment: \$ \_\_\_\_\_ Signature \_\_\_\_\_

Billing Contact (If different than above): \_\_\_\_\_ Phone: \_\_\_\_\_

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

## FOR OFFICE USE ONLY:

ID #: \_\_\_\_\_ Account Executive: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

