



**MEMBERSHIP APPLICATION**

**1420 19<sup>th</sup> Place, Vero Beach, FL 32960**

**772-226-5459**

[info@verochamber.com](mailto:info@verochamber.com)    [www.verochamber.com](http://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:**

\$195 for 1-20: \_\_\_\_\_ \$325 for 20+: \_\_\_\_\_ \$140 for Non-Profit: \_\_\_\_\_

\$100.00 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: \_\_\_\_\_