MEMBERSHIP RENEWAL

1420 19TH Place – Vero Beach, Florida 32960
772-226-5459
info@verochamber.com
www.verochamber.com

Today's Date: _____ Business Name: _____

Representative: _____Title: _____

Email:_____Website: _____

ANNUAL REGULAR MEMBERSHIP DUES:

1-19 Employees: $215 _____

20+ Employees: $360 _____

Non-Profit: $155 _____

Associate: $100 _____ (This is an Individual Membership – not a Business Membership)

ACCEPTABLE PAYMENT METHODS:

1. Check made payable to VBCC

2. Cash

3. Credit Card * processing fee additional

Name on Card: _____ Credit Card #: _____

Expiration: _____ CVV: _____Billing Zip Code on Card:_____

Authorized Signature: _____Date: _____

Revised 07/26/26