



“Think Vero First”

Membership Information

1957 14th Avenue, Vero Beach, FL 32960
772-226-5459
info@verochamber.com, www.verochamber.com

Today's Date: _____

Business Name: _____

Representative: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Business Classification: _____ **No. of Employees:** _____

Community Interests: Economic Development: _____ Tourism: _____

Government Affairs: _____ Education Development: _____

Educational Programs: _____ Networking Events: _____ Board Member: _____

Employees:

\$195.00 for 1-20 _____ \$325.00 for 20+ _____

\$140.00 for Non-Profit _____ \$100.00 for Associate Member _____

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: _____