



Dr. Phillips-Metrowest Chamber of Commerce Corp.
 4700 Millenia Blvd. Suite 175 - Orlando, FL 32839
 Tel: (407) 749-0333 - Fax: (1-888) 544-2407
 E-mail: info@drphillips-metrowest.com
 www.drphillips-metrowest.com

Membership Application
 Mail or Fax to **(1-888) 544-2407**

Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel.: _____ Fax: _____ Number of employees: _____ Years established: _____

E-mail: _____ Web site: _____

CEO/President: _____ Business Category: _____

Representative Name: _____ Title: _____ E-mail: _____

How did you hear about us? _____

Business Description for our web site:

Membership Categories

_____ \$195.00 Non Profit & Schools Only (1-4 Employees) or _____ (\$250.00 for 5 Employees or more)

_____ **\$295.00 1-5 Employees** _____ **\$395.00 6-19 Employees** _____ **\$495.00 20 or more Employees**

_____ Trustee Membership \$3,000.
 (Includes 4 Full pages in Chamber Magazine, Editorial, Logo on all Chamber Events & More)

***Membership Due \$ _____ & One-Time Processing Fee \$25.00 TOTAL DUE \$ _____**

Payment Method PLEASE PRINT CLEARLY

Check _____ Visa _____ Cash _____ Master Card _____ AM Ex _____

Credit Card # _____ Exp. Date _____ / _____

CVV (Security Code) _____ Signature _____

Authorized (*Payments are non-refundable)

Billing information address if different from above

Name on Card: _____

Address: _____ City: _____ State: _____ ZIP: _____

