



Dr. Phillips-Metrowest Chamber of Commerce Corp
 4700 Millenia Blvd, Suite 175 Orlando, FL 32839
 Tel. : (407)749-0333 Fax: (407) 210-3901
 E-mail:info@drphillips-metrowest.com
 www.drphillips-metrowest.com

MEMBERSHIP APPLICATION

COMPANY NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____ NUMBER OF EMPLOYEES: _____ BUSINESS DESCRIPTION: _____ _____	CONTACT PERSON: _____ TITLE: _____ PHONE: _____ FAX: _____ EMAIL: _____ WEBSITE: _____
YEARLY MEMBERSHIP	Payment Method
Check one based on number of employees	Check ____ Cash ____
\$100.00 -Non-Profit	Visa ____ Master card ____ AM Ex ____
\$195.00- Individual	Credit card Nr. _____
\$295.00 -1-5 Employees	Exp. date ____ / ____
\$395.00 - 6-19 Employees	CVV (Security Code) _____
\$495.00 – 20-49 Employees	Billing information
\$595.00 - 50 & up Employees	Name on card : _____
Membership Dues \$ _____	Address: _____
One-Time processing fee \$ <u>25.00</u>	_____
TOTAL \$ _____	City: _____ ZIP: _____
Yes, I wish to become a member of the Dr. Phillips-Metrowest Chamber of Commerce Corp. I agree to abide by the By-laws and Rules of the Chamber.	
Signature _____	
PRINT COMPLETE NAME: _____	