



MEMBERSHIP APPLICATION

Member Profile

Company Name: _____
 Primary Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cellular/Pager: _____
 Fax: _____ E-mail: _____
 Website: _____
 Business Classification: _____

Pillar Trustee Members Only

Pillar Trustee Membership allows you to name three additional persons, associated companies or divisions, or a combination of these, to be listed under your membership, at no additional charge.

1. Contact: _____
 Address (If different from above): _____
 Phone: _____ E-mail: _____

2. Contact: _____
 Address (If different from above): _____
 Phone: _____ E-mail: _____

3. Contact: _____
 Address (If different from above): _____
 Phone: _____ E-mail: _____

Membership Dues Structure

- | | |
|---|---|
| <input type="checkbox"/> Pillar Trustee: \$1875.00 (Includes 4 Representatives) | <input type="checkbox"/> General Business Category: \$500.00 (one representative) |
| <input type="checkbox"/> Pillar Associates or Additional Reps: \$300.00 | <input type="checkbox"/> Additional Representatives/Listing: \$200.00 each |
| <input type="checkbox"/> Government Employees/Non Profits/Schools: \$260.00 | |

Payment Information	For office use only:
Annual Membership Investment: \$ _____ plus Administrative Fee \$50.00 (one time fee): Total _____	Sales Person: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Sponsor: _____
Credit Card # _____	Approval: _____
Exp. Date: _____ V-Code: _____	Date Submitted: _____
Card Holder's Name: _____	Accounting: _____
Signature: _____	Date entered: _____
<i>Please make check payable to: Miami Beach Chamber of Commerce</i>	Entered By: _____
FEDERAL ID# 59-0358296	<i>This application must be fully completed before submittal</i>