

Member Profile

Company Name: _____ Primary Contact: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Cellular/Pager: _____ Fax: _____ E-mail: _____
 Website: _____ Business Classification: _____
 Opt-In for Office Depot (Check Box) Number of Employees: _____
 Federal ID Number: _____

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

Pillar Trustee: \$1875.00 (Includes 4 Representatives) General Business Category: \$500.00 (2 Representatives)
 Pillar Associates or Additional Reps: \$300.00 Additional Representatives/Listing: \$200.00 each
 Individual/Government Employees/Non Profits/Schools: \$260.00

Payment Information

Annual Membership Investment: \$ _____ plus
 Administrative Fee \$50.00 (one time fee): **Total** _____
 Payment Method: Cash Check Visa MasterCard
 Please make check payable to:
Miami Beach Chamber of Commerce FEDERAL ID# 59-0358296
 Credit Card # _____
 Cardholder's Name: _____
 Exp. Date: _____ V-Code: _____ Zip: _____
 Signature: _____ Date: _____

Automatic Credit Card Billing Authorization

I authorize Miami Beach Chamber of Commerce to automatically bill the card listed above as specified. (Please Check Box)
 Amount: \$ _____ Frequency: Monthly Quarterly
 Start Billing On: ____/____/____ End billing when customer provides written cancellation 30 days prior to anniversary date.
 Signature: _____ Date: _____

For office use only:

Staff Rep: _____
 Referred by: _____
 Team: _____ (Circle Below)



Date Submitted: _____

This application must be fully completed before submittal