

Business Information

Business Name: _____ Date Established: ___/___/___
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 My billing address is my mailing address My billing address is my physical address
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Check this box if you do NOT want your PHYSICAL address published in the printed business directory or in our online business directory.
 Check this box if you are signing up as a Core, Premier or Patron Partner and have additional locations you would like listed in our directory.
 Business Website: <http://www.>_____ My business is on: Facebook Twitter LinkedIn
 Total Number of Corporate Employees: _____ (approx.) **AND** Total Number of Employees in the Greater Pensacola Area: _____
 Brief Business Description/"Sales Pitch" for website listing (approx. 30 words): _____

MEMBERSHIP WITH OTHER CHAMBERS

Are you interested in membership information for:

Gulf Breeze Area Chamber of Commerce
 Gulf Coast African American Chamber of Commerce
 Perdido Key Area Chamber of Commerce
 Pensacola Beach Area Chamber of Commerce
 Not Interested

Please list keywords that will help potential customers find you when searching our online business directory.

KEYWORDS

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

REASON FOR JOINING THE CHAMBER
(choose one)

Advertising/Marketing Opportunities
 Committee Involvement
 Community/Economic Development
 Educational Opportunities
 Military Issues
 Networking/Referrals
 Other: _____

Business Contacts

Representatives listed here will be sent periodic informational emails from the Chamber. We do not sell or distribute partner email addresses or fax numbers.

ACCOUNTING/BILLING CONTACT (IF ANY)

Name: _____
 Title: _____
 Cell: _____
 Phone: _____
 Email: _____

CONTACT FOR CHAMBER COMMUNICATIONS

Name: _____
 Title: _____
 Cell: _____
 Phone: _____
 Email: _____

Where did you hear about us?

Who referred you to us?

Membership Info

MEMBERSHIP LEVEL THAT BEST FITS YOUR BUSINESS

General\$395
 Core\$685
 Premier\$1,250
 Patron\$3,000

DEMOGRAPHICS

Minority-owned Business
 Woman-owned Business
 Veteran-owned Business
 Nonprofit
 (please attach documentation)

* Nonprofits receive a \$50 discount and one (1) free membership mailing list/yr.

Note: Online submittal requires Adobe Reader.
 If you don't have Reader, you can scan or print this application and email it to us [OR](#) you can click [here](#) to download Adobe Reader for free.

Check (payable to the Greater Pensacola Chamber)
 Visa
 MasterCard
 American Express
 Discover

Credit Card # _____
 Exp: ___ / ___ CW Code (Required): _____

Authorized Signature _____ Date _____

Sign me up for automatic annual billing

PLEASE SUBMIT APPLICATION (AND ANY ATTACHMENTS) TO THE GREATER PENSACOLA CHAMBER, P.O. BOX 550, PENSACOLA, FL 32591 OR EMAIL SUPPORT@PENSACOLACHAMBER.COM.

Chamber Use Only

Staff Member: _____ Date: _____ | Secondary: _____ Date: _____ | Finance: _____ Date: _____