

**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ CATEGORY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

CELLULAR PHONE \_\_\_\_\_ BEEPER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PRINCIPAL OWNERS NAME \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_

# OF EMPLOYEES F/T & P/T \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

WHO IS YOUR CUSTOMER? \_\_\_\_\_

BUSINESS REFERENCES (2) BUSINESS NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

WHAT CHARITABLE, CIVIC OR PHILANTHROPIC ORGANIZATIONS DO YOU BELONG TO?  
\_\_\_\_\_

Dues: \_\_\_\$150 \_\_\_\$250 \_\_\_\$500

We accept Cash \_\_\_ Check \_\_\_ or Credit Card \_\_\_ (VISA, MasterCard, Discover & American Express)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please make checks payable to: **Parkland Chamber of Commerce**  
Remit to: 5933 W. Hillsboro Blvd., #167 Parkland, FL 33067



**\*\*DISCLAIMER AND RELEASE- READ CAREFULLY BEFORE SIGNING BELOW\*\***

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