

## Your Membership Investment

Business/Professional/Corporation/Real Estate	
Small Business (1-10 employees).....	\$275
Medium Business (11-25 employees) .....	\$330
Large Business (26-50 employees).....	\$385
<i>Business over 50 employees, please call 941-564-3040</i>	
Restaurants/Theatres/Lounges	
# Occupancy Seats (1-25).....	\$275
# Occupancy Seats (26-50).....	\$385
# Occupancy Seats (51+).....	\$495
Hotel/Motel/Retirement Center/Nursing	
Home/Urgent Care/ Hospital	\$330
1-50 Occupancy Bed/Unit.....	\$660
51+ .....	\$660
Bank/Credit Union	
	\$660
Communities/Apartments, Condos/RV/Camping	
# Occupancy Units (1-250).....	\$275
# Occupancy Units (251-500).....	\$550
# Occupancy Units (501+).....	\$825
Government Agencies/Public Schools	
# Full-time Employees (1-50).....	\$193
# Full-time Employees (51+).....	\$303
Associate Member: Individual Agent of Member/Additional Branch/Location of Member	
	\$138
Non-Profit or Friend (Non-Voting)	
	\$138
Additional category listing of business	
	\$50

**Make check payable and mail with application to:**

North Port Area Chamber of Commerce  
 1337 N. Sumter Boulevard  
 North Port, FL 34286  
 Attn: Bill Gunnin

or signup online at:  
[www.NorthPortAreaChamber.com](http://www.NorthPortAreaChamber.com)

Please read the following and complete the application on the other side:

- You must furnish a State/County/City License Number for your application to be processed.
- Information you provide on the application will be published and used by us to communicate with you.
- Applications may be delayed pending investigation.
- Acceptance as a member of our Chamber places your business or profession under obligation to maintain the quality, integrity and standards for which we are striving and to adhere to the Chamber's Code of Ethics.
- A check or payment of the first year's dues and the application fee must accompany this application. Dues are paid for the twelve months beginning with membership acceptance, not by calendar year.
- As a Member, you also agree to allow North Port Area Chamber of Commerce to use photographs of you for all manners of publicity, illustration commercial art, advertising, publishing for any product or services, or other lawful uses as may be determined by the photographer or the Chamber office.
- You are responsible to keep your business information updated with the Chamber.
- A Friend Membership is not actively engaged in a business or a profession.

We are a family built on the foundation of relationships, integrity, innovation, collaboration, results and excellence.

Remember, it is YOUR business and we want to be YOUR Chamber!

# Membership Application

## North Port Area Chamber of Commerce

Promote and encourage business prosperity through advocacy, engagement and cooperation



**NORTH PORT**  
 Area Chamber of Commerce



1337 N. Sumter Boulevard  
 North Port, FL 34286  
 Attn: Bill Gunnin

941-564-3040 | [info@northportareachamber.com](mailto:info@northportareachamber.com)  
[www.NorthPortAreaChamber.com](http://www.NorthPortAreaChamber.com)

**Directory Listing**

**Business Name** (appears in publications): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Directory Listing Address: \_\_\_\_\_  
City/State/Zip

Mailing Address (if different): \_\_\_\_\_  
City/State/Zip

Primary Rep (first/ last name): \_\_\_\_\_ Phone \_\_\_\_\_

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_  
City/State/Zip

Billing Rep (first/ last name): \_\_\_\_\_ Phone \_\_\_\_\_

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred Method of Contact: • Email • Mail • Phone Preferred Method for Invoices: • Email • Mail

Brief Description of Business: \_\_\_\_\_

Preferred Business Listing Category: \_\_\_\_\_

Type of Membership:  Business  Entrepreneurial  Friend  Non-Profit  Organization  
 Place of Worship  Home Based Business  Government  Associate

Number of Full Time Employees: \_\_\_\_\_ Part Time: \_\_\_\_\_ Total Employees (each part time = 1/2 full time): \_\_\_\_\_

Year Business Established: \_\_\_\_\_

**Business Tax Receipt License Number (required):**

City# \_\_\_\_\_ County # \_\_\_\_\_ State # \_\_\_\_\_

(YOU MUST FURNISH AT LEAST ONE OF THESE LICENSES IN ORDER FOR YOUR APPLICATION TO BE PROCESSED)

How did you hear about us?

Chamber Member (name) \_\_\_\_\_ Chamber Staff/ Director (name) \_\_\_\_\_

Other (please explain): \_\_\_\_\_

**Photo Release:**

I hereby release for good and valuable consideration, the receipt of which is hereby acknowledged, and I hereby irrevocably authorize North Port Area Chamber of Commerce and their associates to use photographs of me and/or my property and authorize them and their assignees, licensees, legal representatives and transferees to use and publish (with or without my name, company name, or with a fictitious name) photographs, pictures, portraits or images herein described in any and all forms of media and in all manners including composite images or distorted representations, for the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form, on CDs, or internet websites) for any product or services, or other lawful uses as may be determined by the photographer or studio representing North Port Area Chamber of Commerce. I further waive any and all rights to review or approve any uses of the images, any written copy, or finished product. I am of full legal age and have read and fully understand the terms of this release.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

I understand that by providing a mailing address, telephone & fax number, I hereby consent to receive any and all communications sent by or on behalf of the North Port Area Chamber of Commerce via regular mail, e-mail, telephone or fax. I understand that if any of the above information changes, it is my responsibility to notify the Chamber so that my information can be updated in the system.

Annual Membership Dues:	\$ _____
Administrative Fee:	\$ 25.00
Total Amount:	\$ _____

Sign me up for quarterly payment options (I understand that my credit card will be automatically billed).

Credit Card # \_\_\_\_\_  
(All Major Credit Cards Excepted)

Exp: \_\_\_\_/\_\_\_\_ CVV Code (on back of card) \_\_\_\_\_ Zip code bill goes to \_\_\_\_\_