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
- Business over 50 employees, please call 941-564-3040

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

- 1-50 Occupancy Beds/Unit ……………………… $330
- 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

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

• A friend membership is not actively engaged in the business or profession.
• Information provided in this application will be published and used by us to communicate with you.
• Applications may be delayed pending investigation.
• Membership into the chamber places your business or profession under obligation to maintain the quality, integrity and standards for which we are striving.
• 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 the month your application is accepted.
• As a member, you agree to allow North Port Area Chamber of Commerce to use photographs of you for all manners of publicity, illustration, advertising, publishing for any product or service. The Chamber also reserves the right to deplete the photographs of you for all purposes and use in Port Area Chamber of Commerce to use the photographs of you for all manners of publicity, illustration, advertising, publishing for any product or service. The Chamber also reserves the right to deplete your membership if you do not comply with the terms of this application.

Make check payable and mail with application to:

North Port Area Chamber of Commerce
1337 N. Sumter Boulevard
North Port, FL 34286

or sign up online at:

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 = ½ full time): ______

Number of Restaurant Seats: ______   Number of Units: _____ 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.
NORTH PORT BUSINESSES ARE REQUIRED TO HAVE A NORTH PORT BUSINESS TAX RECEIPT.)

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: $_____

Credit Card #: ______________________ (All Major Credit Cards Accepted)

Exp: ____/____   CVV Code (on back of card) ______  Zipcode____________