



1850 Eller Drive, Suite 405, Fort Lauderdale, Florida 33316
(954) 463-2801 www.portbiz.org

APPLICATION FOR MEMBERSHIP

(I/We) apply for *Corporate Membership* (\$1,800) _____ *Director Membership* (\$4,600) _____ in the Port Everglades Association, and agree to annual dues as billed.

Please register our membership as follows:

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **WEBSITE:** _____

Our designated representative will be: _____

PHONE: _____

CELL PHONE: _____ **E-MAIL:** _____

Our alternate representative will be: _____

TITLE: _____ **PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____

Company Description _____

Applicant Signature _____ **Date** _____

Sponsor Company _____

Sponsor Name _____ **Date** _____