



Date: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ FAX: _____ Cell: _____

Website Address: _____ Email: _____

Business Owner's Name: _____

Year Business Established: _____

Number of Full-time Employees: _____ Number of Part-time Employees: _____

Classification for membership sign-up (see dues schedule): _____

Area Served: Local ___ Regional ___ State ___ National ___ International ___

Signature: _____

Chamber Representative: _____

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as an ordinary and necessary business expense.

15 East Wall Street ** P.O. Box 968 ** Frostproof, Florida 33843