



FROSTPROOF

Chamber of Commerce, Inc.

Date: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ FAX: _____ Cell: _____

optional

Website Address: _____ Email: _____

optional

Business Owner's Name: _____

Year Business Established: _____

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

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

How would your business be listed in the yellow pages?: _____

For membership directory listing.

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

Balance Due (figured from dues schedule) = _____ Make Checks payable to: Frostproof Area Chamber of Commerce

Send Me An Invoice: _____ A copy of this document will serve as my record: _____

Signature: _____

Chamber Representative: _____

For Chamber Use Only: Member # _____ Anniversary Date: _____ Classification: _____ Directory Category: _____

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