



## New Member Application

Name: \_\_\_\_\_

**Please print your name as you want it to appear in the membership directory.**

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please return form to:**

St. Petersburg Women's Chamber of Commerce

P.O. Box 980 St. Petersburg, FL 33701

Or send via [Email](mailto:wccstpete@gmail.com) (to [wccstpete@gmail.com](mailto:wccstpete@gmail.com)).

The cost of annual membership is \$58.00. (Renewal is \$50/yr.)

Replacement badge is \$8.00.

**Name as it should appear on Badge:** \_\_\_\_\_

Paid by

Cash

Check

Credit Card (pay online)