



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

The cost of the annual membership is \$48.00.

Name Badge: \$8.00 (you can order online)

Annual Membership + name badge: \$56.00

Name as it should appear on Badge: _____

Paid by

- Cash
- Check
- Credit Card