



**St. Petersburg
Women's Chamber of Commerce**

New Member Application

Name: _____

Please print 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

Cost is \$46.00. This cost includes a name badge.

Name as it Appears on Badge _____

Paid by

- Cash
- Check
- Credit Card