



Corporate Membership Application

Corporation or Business Information

Corporate name: _____

Corporate address:

Street Number/Name _____

City/State/Zip _____

Business telephone number: _____

Business website: _____

Primary Corporate Contact:

Name: _____

Title: _____

Home address: _____

Preferred phone number: _____

Preferred email address: _____

Payment (\$200/yr) by: Credit Card (Online) Check Cash

Please Email the form to donnakcothron@gmail.com

Or mail to:

St. Petersburg Women's Chamber of Commerce
P.O. Box 980
St Petersburg, FL 33701