



4100 Dixie Hwy NE Palm Bay, FL 32905
Phone: 321-951-9998, Fax: 888-528-0453
Web: www.palmbaychamber.com

Application for Membership

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Number of Employees: _____ Date of Application: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Web/Address _____

Date Business Established: _____

Please tell us how you heard about us. _____

Please tell us what we can do to help you. _____

Classification & Brief description of your business and products
(How your business is classified in the yellow pages)

Select payment option:

Check (payable to GPBC): Cash: _____ Visa: _____ Master Card: _____ Amex: _____

Investment: (circle one) Business \$300 (Essential Plan) \$500 (Sophisticate Plan) \$1,000 (Elite Plan),
Non-Profit \$150, Community Partner \$100

Investment: \$ _____

Application Fee \$ 25.00

Total Investment: \$ _____

Credit Card # _____ Expiration Date: _____

Signature: _____

Application for membership is not complete until Board approval. This application is for a membership with the Chamber only. You are to hold harmless the Chamber in the event of a liability issue.

Member Sponsor or Chamber Representative: _____