

Membership Application



2701 Lake Myrtle Park Rd• Auburndale, FL 33823• 863-967-3400• auburndalechamber@live.com

Date: _____

Business Name: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Billing/Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone Number: _____ **Fax:** _____

Business Email Address: _____ **Business Website:** _____

Primary Contact Name/Title: _____

Phone: _____ **Email:** _____

Number of Employees: _____ **Number of Years in Business:** _____

Membership Type: _____ **Amount:** _____

Payment Type Enclosed:
(please select one)

Check (payable to Auburndale Chamber of Commerce)

Cash

Credit Card Type: _____ Card Number: _____

Name on Card: _____

Expiration Date: _____ CVV: _____ Zip: _____

Agreement:

The undersigned hereby agrees to pay the listed dues annually and shall be payable on the anniversary date. The applicant agrees to abide by the Chamber's bylaws, rules and regulations and operate in an ethical manner.

Applicant's Signature: _____ **Date:** _____