



**Dr. Phillips Chamber of Commerce Corp**  
 5850 Lakehurst Drive Suite 1519 Orlando, FL 32819  
 Tel. : (407)749-0333 Fax: (888) 543-1040  
 E-mail: info@drphillipschamber.org

**Membership Application**  
**Mail or Fax to (1-888) 544-2407**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Years established: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

CEO/President: \_\_\_\_\_ Business Category: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Business Description for our website:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Membership Categories</b>	
___ \$195.00 Non Profit & Schools(1-4 Employees) or ___ \$250.00 for Non-profits with 5 Employees or more)	
_____ \$295.00 1-5 Employees _____ \$395.00 6-19 Employees _____ \$495.00 20 or more Employees	
_____ Trustee Membership \$3,000.(Includes 4 Full page ads in the Dr. Phillips Post, Logo on website & all Chamber Events for 1 year ).	
*Membership Due \$ _____ & One-Time Processing Fee \$25.00 TOTAL DUE \$ _____	
<b>Payment Method PLEASE PRINT CLEARLY</b>	
Check _____ Visa _____ Cash _____ Master Card _____ AM Ex _____	
Credit Card # _____ Exp. Date _____ / _____	
CVV (Security Code) _____ Signature _____	
<b>Authorized (*Payments are non-refundable)</b>	
<b>Billing information address if different from above</b>	
Name on Card: _____	
Address: _____ City: _____ State: _____ ZIP: _____	