



7345 W. Sand Lake Rd. Suite 317
 Orlando, FL 32819
 407-749-0333 P
 888-543-1040 F
 Info@DrPhillipsChamber.org
 www.DrPhillipsChamber.org

Membership Application

Company Name _____
 Address _____
 Telephone _____ How did you hear about us? _____
 Number of Employees _____ Year Established _____
 Web site _____
 CEO/President _____ E-mail _____
 Representative Name/Title _____
 Representative E-mail _____ Rep. Telephone _____
 Business description _____

Membership Categories

____ **\$195** Nonprofits & Schools (1-4 employees). ____ **\$250** Nonprofits (5 or more employees).
 ____ **\$295** Business with 1-5 employees. ____ **\$395** Business with 6-19 employees.
 ____ **\$495** Business with 20 or more employees.
 ____ **\$3,000** Gold Sponsor Membership (Non-Exclusive) includes Logo on Chamber Web site and on weekly newsletter, two ½ page ads in Dr. Phillips Post.
 ____ **\$7,000** Platinum Sponsor Membership (Exclusive Category) includes 4 full-page ads in the Dr. Phillips Post, your logo predominately displayed on our Web site and Weekly Newsletter, all Leads Groups, Free Display Vendor space at all Signature Events such as Health Expo, Women’s Expo, Prestige Awards, Food & Wine Festival, etc. Verbal recognition at all weekly and signature events, Banner with your logo at events.
 ____ **\$25** First-time members, please add a one-time processing fee of \$25 in your order, except Gold and Platinum membership.

Payment: Please Print Clearly. You can also join via our Web site: www.DrPhillipsChamber.org
Please make checks payable to: Dr. Phillips Chamber of Commerce

Credit card number _____ Expiration Date _____
 Name on card _____ CVV Code _____
 Billing Address _____
 Authorized Signature _____

Circle one: Visa/ Mastercard/American Express. *Please note: Payments are non-refundable.*

Keep up with our events on   and our Web site.