

CHAMBER • MEMBERSHIP AGREEMENT

Business Name _____

Main Business Representative _____

Title _____

Primary Chamber Representative (if different than above) _____

Street Address _____

Mailing Address (if different from street address) _____

City • State • Zip _____

Homebased Office? yes no

Telephone _____

Fax _____

E-Mail _____

Website _____

Primary Category Listing _____

(ie: hotel, restaurant, bank)

Number of Full-Time Employees _____

Number of Part-Time Employees _____

Member businesses are typically part of several organizations. Where does the Chamber rank in your budget priority for organizational involvement? Please circle one.

1st 2nd 3rd 4th 5th or lower

MEMBERSHIP INVESTMENT LEVEL

- Elite - \$20,000
- Trustee - \$15,000
- Benefactor - \$10,000
- Visionary - \$5,000
- Community Builder - \$2,500
- Chamber Partner - \$1,500
- Business Builder - \$600 (Non-Profit - \$510)*
- Entrepreneur - \$300 (Non-Profit - \$250)*
- Non-Business Individual Membership - \$175

* Non-Profit rate applies to Community Service Organizations defined as 501(c) 3 and to Churches.

Business must attach a copy of the 501(c) 3 letter or a copy of the 990 IRS form.



CENTER OF INTEREST • *Customize your membership!*

Be the first to receive information on the following topics. • Please check off your top two choices.

- Business Development
- Community Involvement
- Networking Opportunities
- Leadership Opportunities
- Tourism
- Government Relations

AREA COUNCIL

Sign up for an Area Council to be invited to events in your local area.

- Northwest
- Ponte Vedra
- Historic St. Augustine
- South Beaches
- Southwest

PLEASE RETURN THIS SIGNED AGREEMENT AND PAYMENT TO:

St. Johns County Chamber of Commerce

1 Riberia Street • St. Augustine, FL 32084

Telephone: 904-829-5681 **Fax:** 904-829-6477

E-mail: Gary.Hiatt@stjohnscountychamber.com

Web: www.stjohnscountychamber.com and www.stjohnsbusiness.com

PAYMENT OPTIONS

Payment method: Amex Visa Mastercard Check No. (enclosed) _____

Name on Credit Card _____

Card Number _____

Expiration Date _____

Signature of Main Representative _____

Date _____

By signing my name, I agree to the terms and conditions associated with this membership, as stated on the Terms & Conditions insert.

Please fill out back side of form. 

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ADDITIONAL CHAMBER REPRESENTATIVES (in addition to Primary Representative)

(Elite:14; Trustee:14; Benefactor:9; Visionary:9; Community Builder:6; Chamber Partner:4; Business Builder:2)

1. Name _____ Email _____
2. Name _____ Email _____
3. Name _____ Email _____
4. Name _____ Email _____
5. Name _____ Email _____
6. Name _____ Email _____
7. Name _____ Email _____
8. Name _____ Email _____
9. Name _____ Email _____
10. Name _____ Email _____
11. Name _____ Email _____
12. Name _____ Email _____
13. Name _____ Email _____
14. Name _____ Email _____

FOR OFFICE USE ONLY:

ID# _____

Initials & Date Received by
Membership Development Manager

Initials & Date
Processed by Accounts Manager

ECONOMIC DEVELOPMENT COUNCIL REPRESENTATIVES • (Elite:5; Trustee:5; Benefactor:4; Visionary:3; Community Builder:2; Chamber Partner:2; Business Builder:1)

1. Name _____ Email _____
2. Name _____ Email _____
3. Name _____ Email _____
4. Name _____ Email _____
5. Name _____ Email _____

ADDITIONAL CATEGORY LISTINGS (in addition to Primary Category Listing) • (Elite:5; Trustee:5; Benefactor:4; Visionary:3; Community Builder:2; Chamber Partner:1)

1. Category _____
2. Category _____
3. Category _____
4. Category _____
5. Category _____