



# MEMBERSHIP APPLICATION

When Completed Please Return To:  
336 N. Woodland Blvd.  
DeLand, FL 32720  
(386) 734-4331  
Fax: (386) 734-4333

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Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_

Business Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. in Business \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_ Website Link to Chamber

Membership Directory Classifications(s) [Limit 3]: \_\_\_\_\_

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Number of Employees (Count 2 part-time employees as one full time): \_\_\_\_\_ **OR** Number of Rooms/Units \_\_\_\_\_

Annual Dues \$ \_\_\_\_\_ + Processing Fee \$ 25.00 = Total Dues \$ \_\_\_\_\_

Method of Payment: \_\_\_ Check \_\_\_ MasterCard \_\_\_ Visa Exp Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Recruited by: \_\_\_\_\_

The work of the DeLand Area Chamber of Commerce is accomplished through committees and task forces made up of members who volunteer to serve. If you would like to join or receive information about any of our committees please select your preference(s) below.

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|------------------------|--------------------------|
| ___ Ambassadors        | ___ Education            |
| ___ Beautification     | ___ Leads Group          |
| ___ Government Affairs | ___ Insurance Membership |