



WEST PASCO CHAMBER OF COMMERCE, INC.

5443 Main Street, New Port Richey, Fl. 34652

Telephone (727) 842-7651 * Fax: (727) 848-0202

Website: <http://www.westpasco.com> * Email: chamber@westpasco.com

____ BUSINESS MEMBER

____ INDIVIDUAL MEMBER

____ STUDENT MEMBER

Business Name _____ Number of Full Time Employees _____

Business Address _____

Mailing Address _____

Phone Number _____ Fax Number _____

E-mail _____ Web Site _____

Voting Delegate (Contact Person)/Title _____

Address & Phone Number (If different from above) _____

Date Business Established _____ Business Incorporated Yes _____ No _____ When & Where _____

Licenses Currently Held: City _____ County _____ State _____ Occupational License # _____

Description of Product or Service _____

Type of Business: Membership includes one alphabetical listing and one categorized listing in our Business Directory, additional Categories are available @ \$25 each annually.

1. _____ 2. _____ 3. _____
First Category Included Additional Category Additional Category

Annual Investment: _____ (See reverse side)

Payment Method:

Additional Locations: _____

Cash _____ Check No. _____

Additional Employees: _____

Visa _____ Master Card _____ Discover _____

Additional Categories: _____

Name on Credit Card _____

Processing Fee: \$40.00

CC# _____

Other: _____

Exp. Date _____

Total: _____

CVV# (on back of card) _____

Authorized Signature

FEE TO ACCOMPANY SIGNED APPLICATION. I understand that the membership plaque I receive is the property of the West Pasco Chamber of Commerce and is to be returned upon termination of my membership.

West Pasco Chamber of Commerce Company / Organization Fax and Email Consent

I understand that by providing the fax number(s) and email address (s) above on behalf of the company specified above, I am authorized and hereby consent for the company to receive communications via fax and email sent by or on behalf of the West Pasco Chamber of Commerce.

Applicant's Signature _____ Date _____

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MEMBERSHIP INVESTMENT SCHEDULE

Schedule 1 - \$175 Base rate plus \$3 for each employee over 3 (add one time \$40 Processing fee)

Amusements/Attractions	Publishers/Printers	Radio/TV	Public Utilities	Manufacturers
Newspapers/Magazines	Restaurants	Builders	Distributors	Medical
Automobiles/Marine	Retail/Wholesale	Insurance	Processors	Professional
Real Estate	Transportation	Legal		

Schedule 2 – Hotel/Motel, Apartments, Condominiums, Mobile Home Parks, ALF's, Nursing Homes, Hospitals
 \$175 Base Rate up to 15 units plus \$1 per unit or space thereafter (add one time \$40 processing fee)

Schedule 3 – Developers \$300 (plus one time \$40 processing fee)

Schedule 4 – Banks, Savings & Loan Associations (add one time \$40 processing fee)

DEPOSITS	INVESTMENT	DEPOSITS	INVESTMENT
Up to 5MM	\$200	100MM to 150MM	\$650
5MM to 20MM	300	150MM to 200MM	800
20MM to 50MM	400	Over 200MM	950
50MM to 100MM	500		

Individual Membership: \$50, No business affiliation **Non-Profit:** \$100 Churches/Schools/Civic Organizations

NOTE: If a member desires additional listings for branch offices, other locations with the same name or an associate membership with business affiliation, each additional listing will be ½ of the main office fee – Schedules 1, 2 & 3 only.

A one-time \$40 processing fee will be charged new members and members renewing after 90 days past due.