

**Business Information**

Business Name: \_\_\_\_\_ Date Established: \_\_\_/\_\_\_/\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 My billing address is my mailing address     My billing address is my physical address  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check this box if you do NOT want your PHYSICAL address published in the printed business directory or in our online business directory.  
 Check this box if you are signing up as a Core, Premier or Patron Partner and have additional locations you would like listed in our directory.  
 Business Website: <http://www.>\_\_\_\_\_ My business is on:  Facebook  Twitter  LinkedIn  
 Total Number of Corporate Employees: \_\_\_\_\_ (approx.) **AND** Total Number of Employees in the Greater Pensacola Area: \_\_\_\_\_  
 Brief Business Description/"Sales Pitch" for website listing (approx. 30 words): \_\_\_\_\_

**MEMBERSHIP WITH OTHER CHAMBERS**

Are you interested in membership information for:

Gulf Breeze Area Chamber of Commerce  
 Gulf Coast African American Chamber of Commerce  
 Perdido Key Area Chamber of Commerce  
 Pensacola Beach Area Chamber of Commerce  
 Not Interested

Please list keywords that will help potential customers find you when searching our online business directory.

**KEYWORDS**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

**REASON FOR JOINING THE CHAMBER**  
(choose one)

Advertising/Marketing Opportunities  
 Committee Involvement  
 Community/Economic Development  
 Educational Opportunities  
 Military Issues  
 Networking/Referrals  
 Other: \_\_\_\_\_

**Business Contacts**

Representatives listed here will be sent periodic informational emails from the Chamber. We do not sell or distribute partner email addresses or fax numbers.

**ACCOUNTING/BILLING CONTACT (IF ANY)**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CONTACT FOR CHAMBER COMMUNICATIONS**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Who referred you to us?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Membership Info**

**MEMBERSHIP LEVEL THAT BEST FITS YOUR BUSINESS**

General .....\$395  
 Core .....\$685  
 Premier .....\$1,250  
 Patron .....\$3,000  
 Partner .....\$6,000

**DEMOGRAPHICS**

Minority-owned Business  
 Woman-owned Business  
 Veteran-owned Business  
 Nonprofit  
 (please attach documentation)

\* Nonprofits receive a \$50 discount and one (1) free membership mailing list/yr.

**Note: Online submittal requires Adobe Reader.**  
 If you don't have Reader, you can scan or print this application and email it to us [OR](#) you can click [here](#) to download Adobe Reader for free.

Check (payable to the Greater Pensacola Chamber)  
 Visa  
 MasterCard  
 American Express  
 Discover

Credit Card # \_\_\_\_\_  
 Exp: \_\_\_/\_\_\_/\_\_\_ CW Code (Required): \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Sign me up for automatic annual billing

PLEASE SUBMIT APPLICATION (AND ANY ATTACHMENTS) TO THE GREATER PENSACOLA CHAMBER, P.O. BOX 550, PENSACOLA, FL 32591 OR EMAIL [SUPPORT@PENSACOLACHAMBER.COM](mailto:SUPPORT@PENSACOLACHAMBER.COM).

**Chamber Use Only**

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_ | Secondary: \_\_\_\_\_ Date: \_\_\_\_\_ | Finance: \_\_\_\_\_ Date: \_\_\_\_\_