

P.O. Box 602
Indiantown, FL 34956
772-597-2184
772-597-6063 Fax



www.indiantownchamber.com
itowncc@itspeed.net

Membership Application

Company Name _____

Principal Contact _____

Title _____ No. of Employees _____

Street Address _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____

Type of Business/Industry _____

Internet Web Address _____

E-mail Address _____

Sponsor Name _____

Annual Investment \$ _____ (See investment schedule on back)

This application is for membership in the Indiantown Western Martin County Chamber of Commerce. It will be renewed each year unless the member gives written notice otherwise. Most membership dues are deductible as a reasonable and ordinary business expense, but check with your own counsel to be sure. By the signature below, the applicant hereby agrees to support the objects and purposes of the Chamber as stated in its bylaws and as promulgated by the Board of Directors. Less than 1% of revenue collected from membership dues is used for the purpose of lobbying government officials at any level.

Signature of Applicant _____ Date _____

Sponsor _____

Please check the following committees, events and services you would like more information about:

Committees

- AMBASSADOR
- Economic Development Committee
- Government Affairs Committee
- Finance & Administration Committee
- Fundraising Committee
- Membership Committee
- Other

Events

- Business & Breakfast
- Business Expo
- Business After Hours
- Rodeo
- Golf Tournament
- Call Me For Anything

Advertising & Services

- Internet Advertising
- Membership Lists & Labels
- Tourism/Relocation Inquiries
- Business Referrals
- Maps
- Sponsorship Opportunities
- Newsletter Advertising
- Networking Opportunities

MEMBERSHIP INVESTMENT WORK SHEET

Your membership investment benefits include:

Networking opportunities - monthly breakfast, community events

Marketing/Advertising opportunities - internet directory listing, membership lists & mailing labels of members, business information displayed at Chamber office, maps.

Representation of your business views/needs - Chamber committees represent member businesses in local & state government.

Calculating Membership Investment in your Indiantown Chamber:

Diamond Trustee	\$2500	* See separate information on member
Platinum Trustee	\$2000	* benefits and special benefits for Trustees
Gold Trustee	\$1500	*
Silver Trustee	\$1000	*
Business (16+ Employees)	\$300	
Business (11-15 Employees)	\$275	
Business (6-10 Employees)	\$250	
Business (1-5 Employees)	\$225	
Non-Profit/Civic Organization	\$200	
Associate Membership	\$175	(Individual - not a business)

The employee count should include owners and all full-time employees.

Two part-time employees equal one full-time employee.

Annual Investment \$ _____

Your Membership Investment may be tax deductible as an ordinary business expense.

Payment Method:

_____ Check Enclosed payable to Indiantown Western Martin County Chamber of Commerce

_____ Mastercard Visa (circle one)

Credit Card Account Number _____

Cardholder Name _____

Billing Address & Zip Code _____

Security Code ____ _

THANK YOU FOR YOUR SUPPORT!!!