

MEMBERSHIP APPLICATION

Business/Organization Name: _____

Contact Name: _____

Contact Title: _____

Business Classification for our Directory: _____

Phone Number: _____

Fax Number: _____

Website: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (If different from mailing) _____

I, the undersigned, hereby apply for membership in the Belleview/South Marion Chamber of Commerce and hereby agree to pay \$_____ in accordance with the "Membership Investment" schedule. It is understood that membership continues until resignation in writing is presented to the Board of Directors.

Method of Payment:

Check

Cash

Date: _____

Signature _____

**Belleview
South Marion
Chamber
of
Commerce**

5331 SE Abshier Blvd.
Belleview, FL 34420
Phone and FAX:
352-245-2178

www.BelleviewSouthMarionChamber.org

**An
Invitation
To
Membership**



Please accept our invitation to invest in
The Belleview-South Marion
Chamber of Commerce
and its community involvement program.

Membership Investment

Our Objectives:

Provide a venue of businesses that can help one another with leads, ideas, strategies, and referrals.

Provide the citizens of the area with a group of businesses that work together in an effort to help keep the area grounded on the principles by which it was founded: small town feeling, a sense of well being, and a slow and steady growth that includes more jobs.

Assist and facilitate governmental and non-political groups in the area.

Commercial members.....\$160.00
Individuals \$ 50.00
Civic Organizations..... \$ 60.00
Churches.....\$ 60.00

These dues are for Chamber of Commerce Membership for 1 year after payment has been made.

Our Vision Statement

To be recognized in the Belleview/South Marion area as the premier membership-based organization that encourages business to flourish and grow through partnerships, networking, and professional and economic development, and to achieve this by being an effective, influential community partner.

Our Vision Statement

Enriching our communities by providing tools and networking opportunities that promote successful business development.

How did you hear about us?

Website _____

Advertisement _____

Referral _____

Name of business that referred _____

Other _____

Receipt of Payment

Check _____ Cash _____ Card _____

Received by: _____

Date: _____

Phone or FAX: 352-245-2178

Email: belleviewchamber@gmail.com