



MEMBERSHIP APPLICATION

HIGH SPRINGS CHAMBER OF COMMERCE
P.O. Box 863 - High Springs, Florida 32655-0863
www.highsprings.com

Please check applicable box:

New Member Renewal

Member Since _____

For year 20 _____

Business Name: (Please Print/Type)

Contact Person: _____ Category(s) up to 2 _____

Street Address: _____

City: _____ State: _____ Zip _____

Mailing Address(if different:)

City: _____ State: _____ Zip _____

Contact Phone: (_____) _____ Business Phone (if different): _____

Fax (_____) _____ *E-Mail: _____

Website: _____

Number of Years in Business Locally: _____ Number of Employees _____

***Please include email. All meeting notices, changes, announcements are sent to email only.**

Use the box below to include up to 100 words to describe your business.
This will be included on the website.

YEARLY DUES:

- ___ \$70 1-2 employees
- ___ \$95 3+employees
- ___ \$30 Individual Citizen
- ___ \$ 30 Non-Profit Organization

ADVERTISING OPPORTUNITIES:

- _____ \$ 25 Business Card sized Ad in Membership Directory (submit 2 cards or digital artwork)
- _____ \$60 Link to your website on www.highsprings.com **OR**
- _____ \$120 Banner Ad to include a link to your website on www.highsprings.com
- _____ \$ 30 each additional website link (# of additional links ___), subject to approval
- _____ \$ 60 each Additional Banner Ad with link (# of additional links ___), subject to approval
- _____ \$ 25 Direct Mail Piece (provide 75 pieces to be included in Relocation & Vacation Mailer pkgs)

If you are a new member, Thank You for joining if you are a renewing member Welcome Back and again Thanks for your Membership Support. This is Your Chamber, and we can't do it without you. Remember to join us Monthly (the 2nd Tuesday of the month) at the Civic Center for our General Meetings.

If you need more info, please call the VC 386-454-3120 or email, chamber@highsprings.com

Signature:

Date: _____

Make Checks payable to HSCC and mail to: HSCC @ P.O. Box 863, High Springs, Fl. 32655-0863