



Application Date: _____

P.O. Box 610 • Cedar Key, FL 32625
352-543-5600 • info@cedarkey.org • 450 Second Street

MEMBER INFORMATION

Business name: _____ Contact name: _____
Physical address: _____ City/ST/zip: _____
Mailing address: _____ City/ST/zip: _____
Phone: _____ Email: _____
Toll-free phone: _____ Website: _____

Brief description of product/service: _____

Wheelchair accessible? _____ (yes/no) Pet friendly? _____ (yes/no)

DESIGNATED VOTING MEMBER

Name: _____ Position: _____
Address: _____ City/ST/zip: _____
Phone: _____ Email: _____

BUSINESS LICENSE(S)

If your business requires any trade or professional licenses, please list and attach copies*:

*My business does not require any licenses _____ (initials)

MEMBERSHIP CATEGORIES AND ANNUAL DUES

___ Sole Proprietor/Home-based \$105
___ Business with 2-5 persons working \$145
___ Business with 6-10 persons working \$190
___ Business with 10+ persons working \$235
___ Extra web listing \$32.50 each _____ category(s)

Associate members (non-voting):
___ Clubs, non-profits \$35
___ Artists, individuals, officials \$50

Member Signature _____ **Date** _____

I am interested in serving on a Chamber committee ___ Yes ___ No ___ Maybe

Applications are processed upon receipt of payment.
Annual dues are prorated on a quarterly basis. Contact the Chamber office for more information.