



CEDAR KEY AREA CHAMBER OF COMMERCE
P.O. BOX 610, CEDAR KEY, FLORIDA 32625
352-543-5600 email info@cedarkey.org

APPLICATION FOR MEMBERSHIP

I hereby request membership in the Cedar Key Area Chamber of Commerce.

Business Name _____

Contact Person _____

Mailing Address _____

Physical Address _____

Telephone _____ FAX _____

Other phone _____ E-Mail _____ Web site _____

Principle product or service _____

Designated voting member _____

Address _____

Telephone _____ FAX _____

I understand that a valid Local Business Tax Receipt (business license) is a requirement for business membership.

I have the following current License: City__ Other__ Specify _____

Please include a copy with application

Signature: _____ Date: _____

***Membership categories and annual dues:**

- Home-based or single family business \$65.00
- Businesses with up to five persons working in the business 130.00
- Businesses with 6-10 persons working in the business 160.00
- Businesses with more than 10 persons working in the business 195.00
- Associate / non-voting memberships:
- Clubs, non-profit organizations 35.00
- Students 15.00

In addition to membership dues, a pledge of 4 hours of volunteer time or an additional \$40.00 per year will be part of membership requirements. The \$40.00 will be budgeted to hiring help as needed.

I pledge 4 hours of volunteer time to the Chamber during 2010 _____

Signature

OR

I am enclosing \$40.00 in addition to my yearly dues in lieu of volunteer time _____

Please include a check with your application. Welcome to the Cedar Key Area Chamber of Commerce.