



**St. Petersburg  
Women's Chamber of Commerce  
Membership Application**

Name: \_\_\_\_\_

Please print name as you want it to appear in the membership directory.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Yes, list my summer address in directory.

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please return form to:  
St. Petersburg Womens' Chamber of Commerce  
P.O. Box 980  
St. Petersburg, FL 33701

Cost is \$35.00.

Paid by  Cash  
 Check  
 Credit Card