



St. Petersburg
Women's Chamber of Commerce
NEW MEMBER 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 **\$45.00**. This cost includes a name badge. Please complete and return the Request for Name Badge form along with your application.

- Paid by Cash
 Check
 Credit Card