



Membership Application

The business men and women of the Sea Islands Chamber of Commerce invite you to join them.

Sea Islands Chamber of Commerce promotes member businesses by providing leadership and services that create a strong business environment and high quality of life in the Sea Islands area.

Name of Company: _____ Contact Name: _____
 Street Address: _____ Phone: _____
 Mailing Address: _____ Fax: _____
 City and State: _____ Zip: _____
 Email: _____ Website: _____
 Type of Business: _____

Additional Locations:

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

The first year's dues are payable in advance and are continued until resignation is submitted to the Board of Directors. Your investment supports the activities of the Chamber and is tax deductible as a business expense. Because our main form of communication with our members is email, we encourage you and your co-workers to sign up to receive information detailing Chamber programs and events. Attach business cards or use the back of this form if necessary. These emails will not be published or sold and you may opt out at any time.

Which membership level will you join? (select one)

- Individual (\$250) Lighthouse (\$500) Beacon (\$1,000) Commander (\$2,500) ~~Admiral~~ Admiral (\$5,000)

Why did you join the Chamber of Commerce? (select at least one)

- Civic Duty Continuing Education Purchasing Benefits Get Involved in the Community
 Market your Business Networking/Business Leads Other: _____

Date _____ Signature _____

Credit Card Payment Option: MasterCard Visa AMEX _____ I will be paying by check
 _____ - _____ - _____ - _____ Exp ___ / ___ Security Code _____