



Membership Application

Name: _____

Company Name: _____

Title: _____

Work Address: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

Do you want your contact info published on our website? Yes No

Is your company a member of the Greater Brandon Chamber of Commerce? Yes No

If no, would you like a Brandon Chamber representative to contact you? Yes No

How did you hear about YP Brandon?

- The Greater Brandon Chamber of Commerce
 A YP Brandon Member
 A Non- YP Brandon Member
 Other: (please specify) _____

My Company is interested in sponsorship opportunities: Yes No

Age Range:

- 20-25
 26-30
 31-35
 36-40
 40+

Fee Structure: Member: \$25.00 Non-Member: \$50.00

Method of Payment:



Cash
 Check
 Credit Card: _____ - _____ - _____ exp. ____/____
 CVV: _____

Signature: _____ Date: _____

Please make checks payable to The Greater Brandon Chamber of Commerce/YP Brandon
 330 Pauls Drive, Ste. 100, Brandon, FL 33511-4801 (813) 689-1221 Fax: (813) 689-9440