



Application for Partnership

111 E. Tarpon Ave., Tarpon Springs, FL 34689
 Phone: 727-937-6109 ~ Fax: 727-937-2879
 E-Mail: chamber@tarponspringschamber.org

(Please Print or Type)

*** This Information will be published in our Community Guide unless otherwise specified. ***

Date _____

Recommended by: Chamber _____

Business Name _____

Business Category (Up to 2, be very specific) #1 _____ #2 _____

President/Owner _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Fax _____

E-Mail _____ Website www. _____

Facebook address/or name _____ Twitter name _____

No. of Employees _____ No. of Units (Hotel-Apartments Rooms/Lots/Bays) _____

Company Representative _____ Title _____

(To Attend Meetings, Receive Newsletters & E-Mails and be listed as Contact)

INVESTMENT PARTNERSHIP SCHEDULE

Classifications

New Partner One Time Set-Up Fee..... \$25

◆ **General:**

1-5 Employees.....	\$245
6-10 Employees.....	\$265
11-20 Employees.....	\$285
21-40 Employees.....	\$305
41-80 Employees.....	\$360
81-120 Employees.....	\$415
121-170 Employees.....	\$475
171-200 Employees.....	\$530
201 & over Employees.....	\$645

◆ **Each Individual Associate.....\$85**

◆ **Apartments, Motels, Campgrounds & Condos**

1-50 Units.....	\$245
51-99 Units.....	\$345
100 plus Units.....	\$415

◆ **Automobile Dealerships..... \$330**

◆ **Mobile Home Parks**

1-50 Lots	\$245
51 Plus Lots.....	per additional Lot \$.70

◆ **Non-Profit Organization Partnership.....\$150**

Includes clubs, churches & public schools (Requires an IRS letter)

◆ **Non-Business Chamber Supporter.....\$85**

◆ **Financial Institutions.....\$400**

I accept your invitation to invest in the future of the Tarpon Springs area. I understand I will be issued one Partnership Plaque and the partner representative may put their cards and information in the Chamber of Commerce lobby.

My investment of \$_____, annually, is being paid in advance. (Cash – Check – Credit Card)

TOTAL ENCLOSED \$_____

Charge to my credit card:

___Master Card ___ Visa ___ AMEX ___ Discover

Credit Card Number _____

Expiration Date _____

3 digit # on Back of Card _____

4 digit # on front (AMEX) _____

Signature _____

(Required)

Print Name _____

In the space below, please briefly tell us about your business, hours of operation, location and website (**in 125 words or less**)

We prefer that you email us your business description, please email this to Reggie@tarponspringschamber.org

Will you offer Chamber Partners a discount? _____ Specify _____

If yes, we may list it in the Newsletter? _____

I understand that by providing the fax and e-mail numbers on behalf of the company, organization or individual specified and signing the application. I am authorized to and hereby consent for the above company, organization, individual to receive faxes/e-mails sent on behalf of the Tarpon Springs Chamber of Commerce.

GET INVOLVED!

We invite you to join a Committee and attend the next meeting.

(Please check the Chamber Committee(s) you wish to serve on as a committee member and we will contact you.)

- | | |
|--|---|
| <input type="checkbox"/> Ambassador's & Beautification | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Tarpon Council of Organizations | <input type="checkbox"/> Health & Wellness Committee |
| <input type="checkbox"/> Tourism Development Committee | <input type="checkbox"/> T. S. Restaurant Association |
| <input type="checkbox"/> Events Committee – Fine Arts Festival /Annual Golf Tournament /Taste of Tarpon
/Home Show/Battle of the Garage Bands /Christmas Parade | |