



Century Area Chamber of Commerce
Membership Application
P.O. Box 857
Century, Florida 32535
(850) 256-3155

Date: _____

Name: _____ Business: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Contact Person: _____

Type of Business: _____ Number of Employees: _____

E-mail address: _____ Website: _____

Membership Requested (Check One):

Business (\$50) Individual (\$25) Senior Citizen (\$15) Youth (\$10)

How can the Chamber of Commerce be of the most assistance to you or your Business?

Promoting growth of the community

Increasing business contacts

Providing business assistance (information, seminars, etc)

Providing leadership on important issues

Other: Please note other interest or concerns on the back of this application

I would be willing to serve on the following committee(s):

Growth planning/goal setting

Community events

Hospitality (welcome new business, groundbreaking, etc)

Fund raising

Signature _____ Title _____