



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: \_\_\_\_\_

**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 \_\_\_\_\_