



Savannah Area Chamber of Commerce TRMC 2011 MEMBERSHIP APPLICATION

101 E. Bay St. • Savannah, GA 31401
PO Box 1628 • Savannah, GA 31402
Phone: 912.644.6434 Fax: 912.644.6498

MEMBERSHIP LISTING (as you want your listing to appear in the online Member Directory and other publications)

Company Name (Fill in below):

Mailing Address: _____ City/State/Zip: _____

Street Address (if different from above): _____ City/State/Zip: _____

Phone: _____ Toll Free: _____ Fax: _____

Company Website: _____ Company Email: _____

Primary Representative – Name/Title (Mr. Mrs. Dr.): _____ Email: _____

Billing Contact – Name/Title (If different from above): _____ Email: _____

Billing Address: _____ City/State/Zip: _____

Business Category: _____ Number of Employees / Rooms / Seats (if applicable) _____

Additional Representative (Mr. Ms. Dr.):

Name/Title: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

ACCOUNT INFORMATION

Annual Membership Investment \$ _____

Applicable Fees (See Fair Share Dues Formula) \$ _____

Administrative Fee (One Time Fee) \$ 25.00

Total Amount Due \$ _____

PAYMENT:

Check Cash Credit Card (Master Card/VISA/American Express)

Name as it appears on the Card (Please Print Legibly)

Card Number: _____ Expiration _____

Signature _____

The Savannah Area Chamber of Commerce and CVB reserves the right to contact and distribute information to its members.

For Internal Use Only:

JVG Relocation COE GTP Meeting/Convention Wedding JTYB JWWWSACOC JWWWCVB JWWWIYB

VOLUNTEER INFORMATION:

Sold By (Volunteer Name): _____

Company/Team Name: _____ Date: _____