



Savannah Area Chamber of Commerce & Visit Savannah
MEMBERSHIP APPLICATION

101 E. Bay St. • Savannah, GA 31401
PO Box 1628 • Savannah, GA 31402
Phone: 912.644.6407 Fax: 912.644.6498
www.SavannahChamber.com
www.VisitSavannah.com



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

Company Name:

Mailing Address: City/State/Zip:

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

Phone: Toll Free: Cell Phone: Fax:

Company Website: Company Email:

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

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

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

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

Additional Representative:

Name (Mr. Mrs. Dr.)/Title:

Mailing Address: City/State/Zip:

Phone: Cell Phone: Email:

For Internal Use Only:
[] Hosp [] Visit Sav Web [] JVG [] SavIDo [] SavMeeting [] Relo [] TYB
Account Executive: Online Date:

INVESTMENT INFORMATION:

Annual Membership Investment \$

Applicable Fees (See Fair Share Dues Formula) \$

Administrative Fee (One Time Fee) \$ 25.00

Total Amount Due \$

PAYMENT: [] Cash [] Check # [] Credit Card (Master Card/VISA/American Express/Discover)

FOR SECURITY PURPOSES CREDIT CARD INFORMATION IS NOT RETAINED OR COPIED

PLEASE FOLD HERE PRIOR TO COPYING APPLICATION

All credit card information is required:

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

Card Number: Expiration: Security Code: Billing Zip Code: