



Savannah Area Chamber of Commerce & Visit Savannah
MEMBERSHIP APPLICATION

101 E. Bay St. • Savannah, GA 31401
PO Box 1628 • Savannah, GA 31402
Phone: 912.644.6434 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/Title (Mr. Mrs. Dr.):

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 (Mr. Ms. Dr.):

Name/Title:

Mailing Address:

City/State/Zip:

Phone:

Cell Phone:

Email:

INVESTMENT 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:

For Internal Use Only:

Hosp

CVB Web

JVG

SavIDo

SavMeeting

Relo

JTYB

Account Executive: \_\_\_\_\_

Date: \_\_\_\_\_