



12794 W. Forest Hill Blvd., Suite 19
Wellington, Florida 33414
Tel: 561-790-6200
Email: info@cpbchamber.com

APPLICATION

Business _____ Date _____

Business Category _____ Referred By _____

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Main Contact _____

Phone _____ Fax _____

Mobile _____ Email _____

Secondary Contact _____

Phone _____ Email _____

Website _____

I give the CPB County Chamber permission to list my business / contact information in any printed material, social media & website ☐ Yes ☐ No

☐

Credit Card

☐

Check

Billing Name (as it appears on card) _____

Card Number _____ Exp. Date ____ / ____ CCV _____

Billing Address _____ City _____ State _____ Zip Code _____

☐

Non Profit Member - \$225

☐

Basic Member - \$325

☐

Supporter Member - \$600

Investment Level \$ _____

One Time Administrative Fee \$35.00

Total \$ _____

Please send the completed application to:

By mail:

12794 W. Forest Hill Blvd., Suite 19 | Wellington, FL 33414

By Email:

Info@cpbchamber.com

Signature _____ Date: _____

FOR OFFICE USE ONLY: ☐ CM ☐ QB ☐ CC ☐ UN/PW ☐ LTR ☐ PKG ☐ PLQ ☐ DCAL