



MEMBERSHIP APPLICATION

Name: _____ Title: _____ Date of Birth: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Type of Business: _____ Main business activity: _____
(for GABC directory listing)

Number of employees: _____ Referred by: _____

I authorize you to publish above information in the GABC membership directory.

Annual membership dues. Please check the appropriate option below:

- Private Individual** For individuals not representing, or affiliated, with a business \$150.00
- Small Business** For companies with 1 to 5 employees \$300.00
- Corporate Business** For companies with 6 or more employees \$500.00
- Trustee** \$750.00

I will return this form with a check payable to: GABC (see address below)

I will send my payment via PayPal to Miami@gabc.us.

I authorize the GABC to charge my credit or debit card.

Credit Card Payment Information			
Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name	_____		
Account Number	_____		
Expiration Date	____ / ____	CVV	____ Zip Code _____

Date

Signature of Member