



MEMBERSHIP APPLICATION

Type of application: (Please check one)

Business Business Associate Individual
 Civic/Religious/Government Civic Leader Level

NAME OF BUSINESS: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: () _____ FAX: () _____

EMAIL: _____ WEBSITE: _____

Check here if you wish to restrict email address use for EJCEDC communication only. Will not be published on EJCEDC website.

YEAR BUSINESS ESTABLISHED: _____ NUMBER OF EMPLOYEES _____

NAME OF OWNER: _____

NAME OF MANAGER: _____

TYPE OF BUSINESS: _____

CHECK PAYMENT METHOD: CASH CHECK (PAYABLE TO EJCEDC)

ANNUAL DUES \$50.00

Remit to: EJCEDC

NEW RENEWAL

**P.O. BOX 1072
Sneads, FL 32460**