

Membership Renewal Application

If you were a member last year, then please proceed with the form below.

Business Name:	Date:	
Representative's Name:	Title:	
Telephone:	Email:	
Any information change from last year?:		
	Payment:	
Visa MC Amex PayPal Cash Name on card:	Check (payable to Hollywood Beach	,
Card No.:		
Signature:	Date:	
Payment Received by:	Date:	
	or the year ending December 31, 01-05 employees - \$75.00 06-10 employees - \$100	:
	11-20 employees - \$150.00 21+ employees - \$300.00	
Associate Members - \$100.00 a	nonvoting member with a common i	nterest in our mission