

BAY COUNTY  
CHAMBER OF COMMERCE



MILITARY AFFAIRS  
COMMITTEE

MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Main Representative (If Corporate) \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Spouse's Name: (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If Retired Military – Branch & Rank \_\_\_\_\_

Corporate Membership

Rep #2 \_\_\_\_\_ Rep #3 \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

I accept and agree to pay my pro rata share of all MAC functions **whether or not I attend.**

\_\_\_\_\_ Individual Membership (one time activity fee \$50.00)

\_\_\_\_\_ Corporate Membership (one time activity fee \$150.00)

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

\_\_\_\_\_ Yes, I would like to sign up for Auto Pay. Please charge the following credit card each month we have an event for the amount of MAC only.

\_\_\_\_\_ Charge my credit card only for the Activity fee.

Please bill my: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

**Make checks payable to:  
Bay County Chamber of Commerce  
Mail to: P.O. Box 1850, Panama City, FL 32402  
Fax: (850)763-6229 or Email: melissa@baychamberfl.com**