

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: aimee@baychamberfl.com**