



FOR OFFICE USE ONLY

Ck# _____ Amt _____ Date Rcvd. _____

Membership Application and Profile For New and Renewing Members Please use one form per applicant.

Business, Associate or Non-Profit Only

Corporate Memberships are also available. For information contact a board member.

Name: _____

Business Name: _____

Brief description of products and/or services you offer (10 words MAX): _____

Business Address: _____ City: _____ St: _____ Zip: _____

Business Phone: _____ Additional Phone: _____

Fax: _____ Cell: _____

E-mail: _____ Website: _____

I offer a discount to TBGLCC members Yes No List my business on the TBGLCC website Yes No

Membership is for a calendar year. Renewals are due in December.

\$120 BUSINESS MEMBERSHIP (for one individual representing one business. Includes a free listing in the annual Directory of the member's name, business name, one business address, up to three phone numbers, and one email and one website)

\$60 ASSOCIATE MEMBERSHIP (for a co-owner, business partner or co-worker of an existing Business Member. An Associate member's name will be added to the Primary Member's Listing.

\$60 NON-PROFIT MEMBERSHIP (representing one community-based service or social organization)

Tell us about your company:

Year founded: _____ # of Full-Time Employees: _____

Business Category (Banker, Caterer, Etc.) _____ Annual Revenue: _____

Client Base (check all that apply): Corporate Consumer Small Business Non-Profit

Women Owned (50% or more) Yes No

Minority (Racial) Owned: Yes No

Does your company include sexual orientation in its Diversity Policy? Yes No

Does your company offer domestic partner benefits? Yes No

How did your company hear about the TBGLCC? _____

Payment Method:

____ By Check: Please make check payable to TBBG and mail to P.O. Box 280456, Tampa, FL 33682

____ Credit Card: Name on card: _____ Card #: _____

Expiration Date: _____ Billing Zip Code: _____ Call Renee at 813-362-6203 to pay via phone.