

## INSTRUCTIONS:

1. PRINT OUT THIS MEMBERSHIP APPLICATION.
2. COMPLETE ALL INFORMATION REQUESTED.
3. MAIL TO THE ADDRESS BELOW ALONG WITH YOUR FORM OF PAYMENT

### Membership Purchase

#### Member Organization Information

Name **British-American Business Council Tampa Bay, Inc.**

Address **100 N. Tampa Street, Suite 3600  
Tampa, FL 33602 United States**

#### Membership Type

Type of Membership (Check One) **Churchill Council \$10,000 (By invitation only)**

**Trustee \$ 1,000**

**Corporate \$ 500**

**Business \$ 250**

**Affiliate \$ 200**

**Honorary \$ -0-**

**Individual \$ 150**

Price \$

Total Price \$

All funds are in US Dollars

#### Contact Info

Prefix  (Mr, Mrs, Ms, Miss)

First Name\*

Middle Initial

Last Name\*

Password\*

Verify Password\*

Position

Company

Phone\*

Fax	<input type="text"/>
Cell	<input type="text"/>
Email*	<input type="text"/>
Website Address	<input type="text"/>
Address Line 1*	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
City/Town*	<input type="text"/>
State/Prov./ County	<input type="text"/>
Zip/Postal Code*	<input type="text"/>
Search Keywords*	<input type="text"/>
Description	<input type="text"/>
Public Contact	<input type="text"/>
Public Contact Phone	<input type="text"/>
Offer Title/Headline	<input type="text"/>
Full Description of Member Offer	<input type="text"/>

[Click here for help](#)

**Payment Information**

Payment type:



Credit Card Payment



Check Payment

Name

*(as appears on card)*

Card Type

Card Number

All funds are in US Dollars

Expiration Date

*(as appears on card)*

Security Code

*( the last 3 or 4 digit number on the back of your card.*



Address

City/Town

State/Prov./  
County

Zip Code/Postal

### Check Information

Name on Check\*

*(If Known)*

Check Number

*Please mail your check to the address provided above, your membership will be activated after your check is received.)*

(Note: fields labeled with asterisks are required)