

1850 Eller Drive, Suite 405, Fort Lauderdale, Florida 33316 (954) 463-2801 fax (954) 467-5418 www.portbiz.org



APPLICATION FOR MEMBERSHIP

(I/We) apply for _____ (\$1,800) *Regular Membership* _____ (\$4,600) *Director Membership* in the Port Everglades Association, and agree to annual dues as billed.

Please register our membership as follows:

◆ **COMPANY NAME:** _____

◆ **MAILING ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

◆ **TELEPHONE:** (____) _____ **FAX:** (____) _____

◆ **WEBSITE:** _____

OUR DESIGNATED MEMBER WILL BE: _____

TITLE: _____ **PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____

OUR ALTERNATE MEMBER WILL BE: _____

TITLE: _____ **PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____

Company Description _____

Applicant Signature _____ **Date** _____

Sponsor Company _____

Sponsor Signature _____ **Date** _____