

MEMBERSHIP ENROLLMENT

Company:					Date:			
Phone Number:					# of Employees Full-Time/Part-Time:			
Website:								
Street Address:				City:		State:	Zip Code:	
Billing Address (if different):				City:		State:	Zip Code:	
Primary Contact:					E-Mail:			
Billing Contact (if different):					E-Mail:			
BENEFITS				\$5,000	\$2,500	\$1,500	\$600	
	of employees in the	company		Any Number	Any Number	Any Number		
Member Directory listing level				Preferred	Enhanced	Deluxe	Standard	
Access to Member Portal account			- >		O '		0 '	
Access to Member Directory (name, phone number, website)			ie)			Y	V	
Ability to promote company deals, jobs, and events				W ;	M ?			
Exclusive event pricing Committee membership eligibility					2 ;			
Welcome announcement on social media, website, and e-newsletter						7 ,		
New member welcome gift				N				
Renewal announcement in e-newsletter					Q ;	- V	0;	
Annual tickets to Alliance After-Hours networking events				14	12	12	2	
Event host sponsorship opportunity (businesses in Westshore)					~ ~			
Private WESTSHORE 101 for company employees				~	4	~	4	
Quarterly access to Westshore Alliance market data				✓	✓	✓		
New Member Spotlight feature in e-newsletter				~	~		10	
Two tickets to one Membership Luncheon per year				~	✓		0)	
Designated Westshore Alliance staff liaison				✓	✓			
Invitation to special engagements				~	✓			
Invitation to attend annual Board of Directors reception				✓	~			
Early signature event sponsorship opportunities and registration				~				
Seat on Westshore Alliance Board of Directors				✓				
Waived Administrative Fee for new membership				✓				
Discounted annual sponsorship packages for new sponsors				~				
One ticket to the Holiday Luncheon per year				~				
Company logo on	Y							
Gift a membership to a start-up or solo business owner in Westshore								
PAYMENT INFO								
Method of Payment:	□ Invoice	□ Check Enclosed	□ Visa		1asterCard	☐ American Express	□ Discover	
Name:	Signature:			e:	: I consent to my credit card being charged.			
Card Number: Exp I			Exp Date					
Billing Address: City:			City:	State: Zip Code:				
Membership dues a	are paid annually stai	rting the month of e	nrollment. We.	stshore Alliance	is a 501(c)(6) no	ot-for-profit organ	ization.	
TOTAL MEMBERSHIP INVESTMENT Send application and payment payable to:								
Membership \$				Westshore Alliance				
				3109 W. Dr. Martin Luther King Jr. Blvd., Suite 140				
One-time Administrative Fee \$ 25.00				Tampa, FL 33607 P: 813-289-5488				
Total Amount Due \$				Digital application available at choosewestshore.com/membership				