## **MEMBERSHIP APPLICATION**

Company:		Date:		
Phone Number:		# of Employees Full-Time/Part-Time:		
Website:		Industry:		
Street Address:	City:		State:	Zip Code:
Billing Address (if different):	City:		State:	Zip Code:
Primary Contact:		E-Mail:		
Billing Contact (if different):		E-Mail:		
Referred by:				

Membership is company-wide. Add company contacts through your Member Portal account on the Westshore Alliance website. If you are located <u>within</u> the Westshore District, select from the categories listed below. If you are located <u>outside</u> of the Westshore District, the Associate rate applies.

ASSOCIATE			RETAIL STORE		
Any business located outside of Wes	tshore 🛛	\$600	Less than 20,000 sq. ft.		
TOTAL # OF EMPLOYEES			20,000 - 79,999 sq. ft.		
1 (Sole Owner - no employees)		\$240	80,000+ sq. ft.		
2 - 5		\$300	BANK/CREDIT UNION		
6 - 10		\$420	Any bank/credit union within Westshore		
11 - 15		\$600	HOTEL		
16 - 30		\$900	Less than 200 rooms		
31 - 50		\$1,210	200+ rooms		
51 - 100		\$1,815			
101 - 200		\$2,420	RESTAURANT Less than 100 seats		
201+		\$3,025			
PROPERTY OWNER			100-200 seats 🔲 \$36		
Less than 1 acre		\$600	201+ seats 🗌 \$60		
1 acre to 2.49 acres		\$1,815	TOTAL MEMBERSHIP INVESTMENT		
2.5 acres to 4.99 acres		\$3,025	Membership \$		
5 acres to 9.99 acres		\$3,300			
10 to 19.99 acres		\$3,850	Administrative Fee \$25.00		
20+ acres		\$4,400	Total Amount Due \$\$		
Membership dues are payable annual	ly. Initial member	ship invest	stment includes a one-time \$25 administrative fee.		
Method of Payment:	Check Enclosed	🗆 Visa	□ MasterCard □ American □ Discover Express		
Name:		Signatu	ure:		

			I consent to my credit card being charged.
Card Number:	Exp Date:		Security Code:
Billing Address:	City:	State:	Zip Code:

Send application and payment payable to: Westshore Alliance 3109 W. Dr. Martin Luther King Jr. Blvd., Suite 140 Tampa, FL 33607 | P: 813-289-5488 F: 813-513-2615 Westshore Alliance is a 501(c)6 not-for-profit organization.

