



Company _____ Date _____

Phone # _____ # of Employees Full Time/Part Time _____

Web Address _____ Industry _____

Street Address _____ City _____ St _____ Zip _____

Mailing Address (if different) _____ City _____ St _____ Zip _____

Billing Address (if different) _____ City _____ St _____ Zip _____

Primary Contact _____ E-Mail Address _____

Alternate Contact _____ E-Mail Address _____

Billing Contact _____ E-Mail Address _____

Referred/sponsored by _____ Company _____

If you are located in the Westshore District, please select from the categories listed below (visit choosewestshore.com/about-westshore/maps/ for a boundary map). If you are located outside of the Westshore District, the Associate rate applies. Membership dues are payable annually, with first year contribution and a one-time \$25 administration fee due at time of application.

Property Owners

Less than 1 acre	_____	\$550
1 acre to 2.49 acres	_____	\$1,650
2.5 acres to 4.99 acres	_____	\$2,750
5 acres to 9.99 acres	_____	\$3,000
10 to 19.99 acres	_____	\$3,500
20+ acres	_____	\$4,000

Banks / Credit Unions

_____ \$1,100

Hotels

Less than 200 rooms	_____	\$550
200+ rooms	_____	\$1,100

Restaurants

Less than 100 seats	_____	\$220
100 - 200 seats	_____	\$330
201+ seats	_____	\$550

Retail Stores

Less than 20,000 sq. ft.	_____	\$220
20,000 – 79,999 sq. ft.	_____	\$550
80,000+ sq. ft.	_____	\$1,000

Total # of Employees in Westshore market

1 (Sole Owner - no employees)	_____	\$220
2 - 5	_____	\$275
6 - 10	_____	\$385
11 - 15	_____	\$550
16 - 30	_____	\$825
31 - 50	_____	\$1,100
51 - 100	_____	\$1,650
101 - 200	_____	\$2,200
201+	_____	\$2,750

Associate (any business outside of the District) _____ \$550

Membership Investment \$ _____
 Administration Fee \$ 25.00
 Total Amount Due \$ _____

**Send application and payment payable to:
Westshore Alliance**

3109 W. Dr. Martin Luther King Jr. Blvd., Suite 140
Tampa, FL 33607

Method of Payment _____ Check Enclosed _____ VISA _____ MC _____ AMEX _____ DIS _____

Name _____ Signature _____

Card Number _____ Exp Date _____ CVV2 Code _____

Billing Address _____ Billing Zip Code _____