Membership Application

Company _____

Date _____ Number of Employees_____

Referred/Sponsored by: _____

Main Phone # _____ Fax # _____

Business Address _____

Mailing Address (if different) _____

Web Site Address_____ Type of Business _____

Primary Contact_____ E-Mail Address _____

Primary Contact Phone # _____Primary Contact Fax # _____

Alternate Contact_____ E-Mail Address _____

Human Resource Director _____ E-Mail Address _____

Additional Contact _____E-Mail Address _____
(Primary, Alternate & HR contacts receive information on upcoming events.

Does your company distribute publications?_____ If so, how often?_____ E-Mail _____

What are the primary reasons for your company's membership with the Westshore Alliance?
a) Community Involvement b) Networking Opportunities c) Marketing & Promoting the Westshore Business District
d) Education e) Supporting transportation initiatives that improve mobility f) all the above

MEMBERSHIP CONTRIBUTION

(Payable annually, with first year's investment and a one-time $25 administration fee)

If you are not a property owner, bank, hotel, restaurant or associate -annual amounts would be based on total number of employees:

Total number of employees in Tampa		**$**
( )	1 (Sole Owner)	200
( )	2 – 5	250
( )	6 – 10	350
( )	11 – 15	500
( )	16 – 30	750
( )	31 – 50	1,000
( )	51 – 100	1,500
( )	101 – 200	2,000
( )	201 +	2,500

Banks / Credit Unions	**$**
( ) (Unless property owners)	1,000

Hotels	**$**
( ) Under 200 rooms	500
( ) 201+ rooms	1,000

Restaurants	**$**
( ) Under 100 seats	200
( ) 101-200 seats	300
( ) 201 + seats	500

All Property Owners/DRI Applicants/ Long-Term Leasee (more than 10 years)	**$**
( ) less than 1 acre	$ 500
( ) 1 acre to 2.4 acres	1,500
( ) 2.5 acres +	2,500

( ) Associate Membership $ 500
Vendors, contractors/subcontractors, deliverers of goods & services to Alliance members and businesses located outside of the Westshore Business District. Excluding professional associates (i.e. law, engineering, architectural firms).

Membership Investment…….. $_____
Administration fee…….. $ 25.00
Total amount due: $_____

Send Application and check payable to:

Westshore Alliance

3109 W. Dr. MLK, Jr. Blvd *Suite 140*
Tampa, FL 33607
(813) 289-5488 (813) 289-6727 Fax
www.westshorealliance.org

Master Card /Visa #_____ Name on card _____

Signature _____ Exp. Date _____

FCC regulations prohibit us from sending any fax with a "commercial purpose" unless we have a signed, written consent. Your signature above serves as permission for the Westshore Alliance to send faxes to your organization.

The Westshore Alliance is a not-for-profit 501 C-6 corporation.
ALL DUES ARE TAX DEDUCTIBLE AS A BUSINESS EXPENSE (as allowable by law).