



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 \_\_\_\_\_