JAXCHAMBER
Connect. Grow. Prosper.

Chamber Council Agreement

Employees of Chamber member companies are invited to join one or more of the ten Councils.
TIP: Save time by completing this agreement online at www.myjaxchamber.com

Information On Council Representative

Company Name _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

Member Name _____ Title _____

Company Mailing Address _____

City _____ State _____ Zip _____

Business Telephone _____ Fax Number: _____ Twitter: _____

Email (required) _____ Website _____

☐ Arlington Council ☐ North Council ☐ Professional Women's Council ☐ JAX Transportation & Logistics Council
☐ Downtown Council ☐ South Council ☐ JAX Information Technology Council
☐ Mandarin Council ☐ West Council ☐ JAX Health Council

Annual Investment

Number of Councils Selected Above: Number ____ $35 each Total $_____

Payment Options

☐ Check (payable to the JAX Chamber)
☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover

Note: Chamber membership may be tax-deductible as an ordinary business expense, but is not deductible as a charitable contribution.

Name on Credit Card _____ Credit Card Number _____ Expiration Date _____

Credit Card Billing Address _____

Company Representative's Signature _____ Date _____

☐ I wish for my membership to renew AUTOMATICALLY for the amount above until such a time I choose to notify the Chamber.

Submit Agreement

By mail: 3 Independent Drive, Jacksonville, FL 32202

By fax: (904) 355-4235 Attn: Member Relations Department

For Chamber Use

Account Manager's Name _____

Affiliate _____ # ID _____