



# MEMBERSHIP APPLICATION

BUSINESS NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY, ST., ZIP: \_\_\_\_\_

DIRECTORY LISTING: \_\_\_\_\_

LOCATIONS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ FACEBOOK PAGE: \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS (200 CHARACTERS MAX):

TYPE OF MEMBERSHIP:

\_\_\_\_ INDIVIDUAL-\$50

\_\_\_\_ NON-PROFIT-\$125

\_\_\_\_ GENERAL BUSINESS-\$225

\_\_\_\_ BAR OR RESTAURANT-\$300 (UP TO 50 SEATS)

\_\_\_\_ BAR OR RESTAURANT-\$325 (OVER 50 SEATS)

\_\_\_\_ LODGING UP TO 20 ROOMS-\$325

\_\_\_\_ LODGING OVER 20 ROOMS-\$500

\_\_\_\_ ADDITIONAL BUSINESS-\$150 EACH

\_\_\_\_ ASSOCIATE BUSINESS( BUSINESS LOCATED OUTSIDE OF MONROE COUNTY)- \$750

KWBG SPONSORS: (1) \_\_\_\_\_ (2) \_\_\_\_\_

PAYMENT INFORMATION:

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Rob Dougherty*

**ROB DOUGHERTY -**  
**EXECUTIVE DIRECTORY**  
**ROB@GAYKEYWESTFL.COM**

**THANK YOU FOR YOUR SUPPORT!**