

Membership Application



Firm Name _____ Join Date _____

Contact Person _____ Title _____

Physical Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Invoice/Mailing Address (if different from physical address above) _____

City _____ State _____ Zip _____

Second Representative's Name _____ Email _____

Third Representative's Name _____ Email _____

Category Listing _____

(Optional) Second Category Listing Additional \$75 _____

MEMBERSHIP TYPE (Check one. See description below.)

TYPE A \$300
Partnerships, sole proprietors, corporations, and organizations that are for profit businesses.

TYPE B \$475
Banks, savings & loans, car dealerships, utilities, country clubs, developers, RV resorts, mobile home parks, apartments, time shares, and retail complex management

TYPE C \$515 + ADD ON
Hotels/Motels/Casinos
1 to 25 rooms add \$3 per room
25 to 100 rooms x \$2 per room
100+ rooms add \$1 per room

TYPE D \$200
Business Support Membership
2nd business or location for existing, member non-profit organizations, 501 c (3) individuals. Individual/Supporter.

Cost for Membership Type _____

(Optional 2nd Category Listing) _____ (\$75)

Administrative Fee (First year only) _____ (\$50)

TOTAL DUE _____

Signature _____ Date _____

Name on Credit Card _____ Credit Card # _____ EXP _____ CVC _____

PDACC Representative _____ Date _____

25 Word Description of Business

Website Search Keywords (Key words about your business)

1. _____ 2. _____ 3. _____ 4. _____

Create Website Login Desired (10-25 characters) _____ Password (5-8 characters) _____