



2021 MEMBERSHIP STRUCTURE AND BENEFITS

INDIVIDUAL: \$125

- Discounted rate of \$10 off monthly luncheons (approx. \$25)
- Inclusion on website
- Recognition in program book at annual meeting

VIP: \$300

- Monthly luncheon attendance at no additional cost
- Automatic lunch registration for all monthly meetings – maximum convenience
- Reserved seat at dedicated VIP table for all monthly luncheons
- Opportunity to bring a guest at discounted member rate of \$25 per luncheon
- Inclusion on website
- Recognition in program book at annual meeting

CORPORATE

2-Member Option – \$500

- Monthly luncheon attendance at no additional cost for first member; second member luncheon fee is \$20
- Automatic lunch registration for all monthly meetings – maximum convenience
- Inclusion on website, eblasts and marketing materials, such as annual meeting program book

4-Member Option – \$650

- Monthly luncheon attendance at no additional cost for two members; additional member(s) luncheon fee is \$20
- Automatic lunch registration for all monthly meetings – maximum convenience
- Inclusion on website, eblasts and marketing materials, such as annual meeting program book

NEW MEMBERS & RENEWALS

To apply for membership, please contact Angela Bell at angela@gsma.pro. Payment can be made by credit card or check. If mailing a payment, please make your check payable to Tiger Bay Club of Southwest Florida and send to C/O GSMA at 12474 Brantley Commons Court, Fort Myers, FL 33907. Invoices can be requested by emailing angela@gsma.pro.



2021 MEMBERSHIP FORM

General Membership – \$125

VIP Membership – \$300

Corporate Membership – \$500 to \$650

DATE: _____

FIRST AND LAST NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MEMBERSHIP LEVEL:

General Member

VIP Member

2-Member Corporate Member

4-Member Corporate Member

If selecting the 2-member or 4-member Corporate Membership, please identify the participants.

1. _____ 2. _____

3. _____ 4. _____

PAYMENT

- Check
- Credit Card (please fill out below)

Name as it appears on card

CC#: _____ EXP: _____ CVV: _____

Billing Address: _____

Billing City, State, Zip: _____