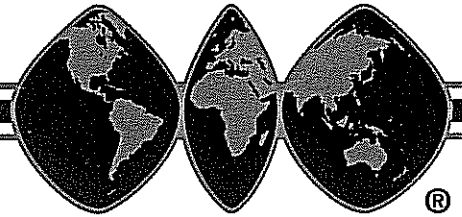


WORLD TRADE CENTER



TAMPA BAY

PART ONE: MEMBERSHIP INFORMATION

Name (Primary Contact): _____ Title: _____
Company/Organization: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____
Email: _____ Company Website: _____

PART TWO: COMPANY INFORMATION

1. Business Category

Importer Exporter Manufacturer Transportation Distributor Service Retailer

Wholesaler Insurance Bank Import/Export Service Other: _____

2. Year Company Established: _____ 3. Number of Employees Locally / Worldwide: _____

4. Parent Company Name/Country Incorporated: _____

5. Description of Business: _____

6. Main End-Users: _____

7. Which products are you exporting presently: _____

8. Which products are you importing presently: _____

PART THREE: INFORMATION ON OBJECTIVES:

9. Please describe your expectation/objectives of WTC-TB services related to your international trade interests:

10. Member Signature: _____ Title: _____

PART FOUR: PAYMENT INFORMATION

Annual Membership Dues are:

\$5000 for an Ambassador Membership (5 Cards)

\$1000 for a Corporate Membership (4 Cards)

\$500 for Small Company Membership (2 Cards)

\$500 for a Non-Profit Organization Membership (2 Cards)

\$200 for a Non-Profit Affiliated Co. Membership (1 Card)

\$300 for Individual Membership (1 Card)

\$25 for a Student Membership (1 Card)

11. Names to be printed on Membership Card(s):

1) _____ 2) _____ 3) _____

4) _____ 5) _____

12. Payment Option: Check Mastercard Visa Money Order Other

13. If paying by Credit Card, please provide the following information:

Credit Card Number: _____ Expiration: Month ____ / Year ____

Name (as it appears on card): _____

Billing Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

14. Mail completed Application and Check or Money Order to:

World Trade Center Tampa Bay
1101 Channelside Dr., 2nd Floor, Tampa, FL 33602
Phone: 813-864-3000 Fax: 813-864-3100 www.wtctampa.com