



SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE

1217 Cape Coral Parkway E., Suite 160
 Cape Coral, FL 33904
 Phone 239-418-1441 Fax: 239-418-1475
 E: hispanicchamberflorida@gmail.com
 W: www.hispanicchamberflorida.org

APPLICATION FOR MEMBERSHIP

Application is hereby made for membership in the SWFL Hispanic Chamber of Commerce. I agree to abide by its bylaws, support its objectives, and pay the applicable annual membership dues. I understand this application is subject to approval by the Board of Directors.

New Member _____ **Renewal Member** _____

Date of Application _____

Business Name		
Contact Person	Title	Country of Origin
Business Address		
City	State	Zip Code
Business Classification (see below)	Description of Business	
Business Phone	Mobile	
E-mail Address	Website	
Signature of Applicant	Title	
Referred by		

NOTE: Would you like to be included in the Chamber Weekly e-mail list? Yes _____ No _____

<u>X Classification</u>	<u>Annual Investment</u>	<u>X Classification</u>	<u>Annual Investment</u>
<input type="checkbox"/> Corporate Sponsor	\$10,000	<input type="checkbox"/> Company (with multiple locations)	\$1,000
<input type="checkbox"/> Platinum Sponsor	\$ 5,500	<input type="checkbox"/> Company (with one location only)	\$ 595
<input type="checkbox"/> Gold Sponsor	\$ 2,500	<input type="checkbox"/> Professional Office (up to 4 employees)	\$ 395
<input type="checkbox"/> Silver Sponsor	\$ 1,200	<input type="checkbox"/> Restaurant (per location)	\$ 395
		<input type="checkbox"/> Non-Profit Association (up to 2 offices)	\$ 250
		<input type="checkbox"/> Self-Employed or Individual	\$ 250

Please mail check to: **1217 Cape Coral Parkway E., Suite 160, Cape Coral, FL 33904**

Made payable to: **SWFL Hispanic Chamber**