



**SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE**

1400 Colonial Boulevard, Suite 250  
 Fort Myers, Florida 33907  
 Phone 239-994-3805 Fax: 239-418-1475  
 E-mail: [hispanicchamberflorida@gmail.com](mailto:hispanicchamberflorida@gmail.com)  
 Website: [www.hispanicchamberflorida.org](http://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.

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	Fax	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 \_\_\_\_\_

<b>*Classification</b>	<b>Annual Investment</b>	<b>*Classification</b>	<b>Annual Investment</b>
Corporate Sponsor	\$10,000	Company (only 1 branch included)	\$595
Signature Sponsor	\$5,000	Professional Office	\$395
Gold Sponsor	\$2,500	Restaurant (per location)	\$395
Major Corporation	\$1,000	Non-Profit Association (up to 2 offices)	\$250
Company (all branches included)	\$1,000	Self-Employed or Individual	\$250

**PAYMENT METHOD** (Check one):

Cash \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_

<b>CREDIT CARD NUMBER</b> _____	<b>EXP. DATE</b> _____	<b>CVV:</b> _____
<b>STREET ADDRESS</b> _____		<b>ZIP CODE</b> _____
<b>TOTAL AMOUNT</b> _____	<b>SIGNATURE</b> _____	