



SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE

1400 Colonial Boulevard, Suite 250
 Fort Myers, Florida 33907
 Phone 239-418-1441 Fax: 239-418-1475
 E-mail: info@hispanicchamberflorida.org
 Website: 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 _____

*Classification	Annual Investment	*Classification	Annual Investment
Corporate Sponsor	\$10,000	Company (only 1 branch included)	\$500
Signature Sponsor	\$5,000	Professional Office	\$300
Gold Sponsor	\$2,500	Association, Club, Restaurant	\$300
Major Corporation	\$1,000	Non-Profit Association	\$200
Company (all branches included)	\$1,000	Self-Employed or Individual	\$200

PAYMENT METHOD (Check one):

Cash _____ Check _____ MasterCard _____ VISA _____ AMEX _____

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