



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
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 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"/> Platinum Sponsor	\$ 3,500	<input type="checkbox"/> Company (with multiple locations)	\$1,000
<input type="checkbox"/> Gold Sponsor	\$ 2,500	<input type="checkbox"/> Company (with one location only)	\$ 595
<input type="checkbox"/> Silver Sponsor	\$ 1,500	<input type="checkbox"/> Professional Office (up to 4Employees)	\$ 395
<input type="checkbox"/> Bronze 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

Make check payable to: SWFL Hispanic Chamber

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

Credit Card Payments will have a 3% surcharge added for processing fees.

Card Number _____ Expiration _____ CVV Code _____

Billing Address _____ City _____ Zip _____