



SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE

3949 Evans Ave Ste 401

Fort Myers, FL 33901

Phone 239-359-6595

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"/> Diamond Sponsor	\$ 5,000	<input type="checkbox"/> Company (with multiple locations)	\$1,000
<input type="checkbox"/> Platinum Sponsor	\$ 3,500	<input type="checkbox"/> Company (with one location only)	\$ 595
<input type="checkbox"/> Gold Sponsor	\$ 2,500	<input type="checkbox"/> Professional Office (up to 4Employees)	\$ 395
<input type="checkbox"/> Silver Sponsor	\$ 1,500	<input type="checkbox"/> Restaurant (per location)	\$ 395
<input type="checkbox"/> Bronze Sponsor	\$ 1,200	<input type="checkbox"/> Non-Profit Association (up to 2 offices)	\$ 250

Make check payable to: SWFL Hispanic Chamber _____ Self-Employed or Individual \$ 250

Please mail check to: 3949 Evans Ave Ste 401 Fort Myers, FL 33901

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

Card Number _____ CVV Code _____
 Expiration _____ Billing Address _____ City _____ State _____ Zip Code _____