



Membership Application

(Please print clearly)

Your annual membership dues allow you to participate in all Chamber activities.
Your company will receive a membership certificate as well as any benefits available.

Annual Membership

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Trustee \$1,500 | <input type="checkbox"/> Corporate \$750 | <input type="checkbox"/> Preferred \$450 | <input type="checkbox"/> Business \$250 |
| <input type="checkbox"/> Student \$75.00 | <input type="checkbox"/> Professional \$125 | | |

How to compute
your Membership
Investment

Check above for Investment Amount : \$ _____
 Add first-year, one-time admin fee: \$ 50.00
 Total amount due with application: \$ _____

Please complete this form and return it to HACCOF with membership investment:

Company Name			
President/Owner			
Contact Person		Title	
Telephone		Cell Phone	
Company Address			
City		State/Zip	
Telephone		Fax	
E-mail		Website	
Type of Business			Year Established

Business References (Business Name, Contact Person, Telephone, E-mail) Referred by: _____

1. _____
2. _____

I hereby make application for membership in the Haitian American Chamber of Commerce of Florida. When accepted, I will abide by the Chamber's by-laws, support the Chamber's objectives and pay the prescribed annual membership dues until such time as I may desire to terminate by formal written notification. All Applications are subject to Board approval.

Signature _____ **Date** _____

Membership Investment Amount: \$ _____ **Payment: Check #** _____

Credit Card: Visa: _____ Master Card: _____ Amex: _____

Name on card: _____ Credit card # _____

Exp. Date _____ Digit Code _____

Your cancelled check is your receipt. Please complete and sign the application form and attach your check made payable to: Haitian American Chamber of Commerce of Florida. **Tax ID 20-2373322**