



LATIN CHAMBER

of COMMERCE of BROWARD COUNTY

121 South 61 Terrace, Suite B., Hollywood, FL 33023

E-Mail: lccb@latinchamberbroward.com

www.latinchamberbroward.com

MEMBERSHIP APPLICATION

Business Name: _____

Address: _____ City: _____

Zip _____ Business Phone () _____ Fax () _____

e-mail address: () _____ WebSite: _____

Type of Business _____ Number of Employees _____

Circle type business below:

- 1.) Healthcare
- 2.) Restaurant
- 3.) Financial Institute
- 4.) Realtors/Mortgage Brokers
- 5.) Attorneys/Law Firm
- 6.) Telecommunication
- 7.) If other please specify: _____

(1) Name of Rep _____
Title _____ Ext. _____ E-Mail _____

(2) Name of Rep _____
Title _____ Ext. _____ E-Mail _____

Could you extend discount to Members: Yes / No

Type of Discount and how much _____

Signature _____ Date _____

Referred By: _____

MEMBERSHIP FEES PER YEAR:

Non-Profit Organization.....	\$100.00
Small Business / Professional (1 to 4 employees).....	\$150.00
Medium Business / Corporation (5 to 19 employees)...	\$300.00
Large Business / Corporation (20 or more employees).	\$500.00
Corporate Partners.....	\$2000.00

CREDITCARD PAYMENT: American Express Master Card Visa

Credit Card # _____ Exp/Date _____

Card Holder Signature _____