

Hobe Sound Chamber of Commerce
11954 SE Dixie Highway · P.O. Box 1507, Hobe Sound, FL 33475
Phone 772-546-4724 · Fax 772-546-9969 · Web: www.hobesound.org

Application for Membership

Firm Name _____

Principal Contact _____

Title _____

Physical Address _____

Mailing Address _____

City/State _____ Zip _____

Phone _____ Fax _____

Email _____ Web Site _____

Number of Employees ____ Primary Business Classification _____

Annual Investment Schedule

- \$220.00Sole Proprieter-2 Employees
- \$245.00 3-15 Employees
- \$395.00 16-50 Employees
- \$575.00 51 + Employees
- \$165.00 Non-Profit
- \$115.00.....Associate -- Includes 1 Social Pass

Chamber membership will be automatically renewed each year unless written notice is provided by the undersigned or his/her assigns to cancel the membership. Membership lists may be sold to other Members.

The undersigned hereby affirms on behalf of the applicant, that the applicant currently has and will continuously maintain all appropriate licensing necessary for providing goods and services to the public while a member of the Hobe Sound Chamber of Commerce.

Signature of Applicant

Sponsor

Date

- Check here if you would like: a metal nametag, at an additional cost of \$6.00.
- Annual Social Pass, at an additional cost of \$30. **Please include with dues payment.**
- Check appropriate box/boxes if you want information on:
 - sponsorship opportunities advertising opportunities committee participation.

Payment method: Visa MasterCard American Express Check Cash

Credit Card Number: _____ Exp. Date: _____

Amount approved for payment \$ _____

Authorized signature for credit card payment: _____

Make checks payable to: Hobe Sound Chamber of Commerce

