

ANNUAL INVESTMENT

GENERAL BUSINESS

Employees	Investment
1-2	\$430
3-10	\$460
11-20	\$670
21-50	\$1,200
51-100	\$1,520
101-200	\$2,080
201+	\$3,000

HOTELS/MOTELS/APARTMENTS/CONDOS

Units	Investment
1-20 Units	\$500 Base Investment
21+	\$500 + \$5.00 per additional unit

DEPOSITORY INSTITUTIONS

Deposits	Investment
Base Investment	\$750
First \$50 Million Deposits	Additional \$50.00 per million
\$50-\$100 Million Deposits	Additional \$20.00 per million
Over \$100 Million Deposits	Additional \$10.00 per million
Maximum	\$15,000

SHOPPING CENTERS/OFFICE BUILDINGS

Square Footage	Investment
0-1/4 Million Square Feet	\$775
1/4-1/2 Million Square Feet	\$1,300
1/2 Million Square Feet	\$2,100
1+ Million Square Feet	\$3,000

This schedule is intended to assist in the determination of an equitable investment in the Boca Chamber and is effective through October 31, 2017. Non-Profit Organizations pay the minimum investment of \$430 plus the one time initiation fee of \$35 (the non-profit organization must provide proof of 501(c)(3) status along with the membership application.) Membership investment is payable in advance, non-refundable, and is continuous unless you present written notification to the contrary. We offer an upgraded Trustee membership. For more information, contact us at 561-395-4433.

NEW MEMBER APPLICATION

Firm / Business Name: _____ # of Employees / Associates / Contractors: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellphone: _____ Toll Free: _____

Main Category/Industry: _____ Fax: _____

Additional Categories (\$25 each): _____

Main Contact: _____ Title: _____

E-mail: _____ Web Site Address: _____

Additional Contacts - 1) Name: _____ Email: _____

2) Name: _____ Email: _____

• Is this a home-based business? Yes No • Please add me to the Boca Chamber Text Community Yes No (Standard carrier data charges may apply.)

• Is your business utilizing Social Media? Yes No **Find the Boca Chamber on Facebook, Twitter and LinkedIn!**

Please list the two top strategic alliances you would most like to make through your Chamber participation. _____

Chamber Sales Representative: _____ Chamber Member Who Referred You: _____

Your Join Date: _____

You may enclose a check with this application and mail to:

Boca Chamber, 1800 North Dixie Highway, Boca Raton, FL 33432

Electronic applications are available online at www.bocachamber.com

Or provide credit card information below and fax to 561-392-3780. Employer ID# 59-0667561.

If you need assistance with your application, please call 561-395-4433 and ask for the membership department.

Annual Dues \$	_____
Administrative Fee \$	35.00
Extra Categories (\$25 each) #	_____
Total Investment \$	_____

(one time fee)

FORM OF PAYMENT: Check # _____ Credit Card

Credit Card Type: Visa Master Card American Express Discover

Credit Card #: _____ Exp. Date: _____ CVV*: _____ Billing Zip Code: _____

**CVV=AMEX-front of card, 4 digits above account number. Visa/MC/Disc=back of card, last 3 digits on signature panel.*

Name on Card: _____

Authorized Signature: _____

Applicant Signature: _____ **Date:** _____

Your signature gives the Boca Chamber express permission to contact you via fax and electronic mail.

***A portion of Chamber membership dues are tax-deductible under federal tax code as a business expense.**