

## ANNUAL INVESTMENT

### GENERAL BUSINESS

Employees .....	Investment
1-2 .....	\$480
3-10 .....	\$520
11-20 .....	\$770
21-50 .....	\$1,400
51-100 .....	\$1,770
101-200 .....	\$2,410
201+ .....	\$3,100

### 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 .....	\$3,100

*This schedule is intended to assist in the determination of an equitable investment in the Boca Chamber and is effective through October 31, 2023. Non-Profit Organizations pay the minimum investment of \$480 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: \_\_\_\_\_ Cell: \_\_\_\_\_ 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

• If applicable, what are your **Facebook and Instagram** usernames? \_\_\_\_\_

• What are your interests/hobbies? \_\_\_\_\_

Membership Associate: \_\_\_\_\_ 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](http://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 \$	<b>35.00</b>
Extra Categories (\$25 each) #	_____
Total Investment \$	_____

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.**