



Membership Application

Name of Company _____

Name of Owner or General Manager _____ Phone _____

Chamber Representative _____ Fax _____

Mailing Address _____
(PO Box or Street/City/State/Zip+4)
Street Address _____ E-Mail _____

Billing Address _____ Website _____
(If different from above)

Business Category _____
(Listing in Membership Directory)

Number of Employees or Units _____ Annual Investment Amount: \$ _____
Application Fee: **\$25.00**
Total Investment: _____

Free webpage and live link from www.hainescitychamber.com to your website: included

Cash Check Visa MC Amex

Credit Card# _____ Exp. Date _____

Name on Card _____ Signature _____

Date _____

Investment Schedule

1 - 5 Employees.....	\$247.00
6 - 30 Employees.....	387.00
31 - 75 Employees.....	587.00
Over 75 Employees.....	747.00
Lodging, Hotel, Motel.....	367.00
Public Utilities & Banks.....	967.00
Non-Profit & Associates.....	157.00
Silver Angels – 65 yrs Must Be retired. Own no business	75.00



(Contact the Chamber for information on Premium Membership Plans)

Haines City Area Chamber of Commerce • 35610 Hwy. 27 • P.O. Box 986 • Haines City, FL 33845
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