



24214 Sorrento Avenue  
 P.O. Box #774  
 Sorrento, FL 32776  
 352-383-8801 (P)  
 www.ELCChamber.com

## Application For Membership

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Website: \_\_\_\_\_ Business Category: \_\_\_\_\_

# Full-Time Employees: \_\_\_\_\_ + # Part-Time Employees: \_\_\_\_\_ = total # of Full-Time Equivalent Employees: \_\_\_\_\_

Membership Levels			
_____ Trustee Member	\$3,500.00	Hospitals/Medical Member:	
_____ Executive Member	\$2,500.00	_____ (101 + Employees)*	\$ 750.00
_____ Partner Member	\$1,500.00	_____ (51 – 100 Employees)*	\$ 600.00
_____ Standard Member (101 + Employees)*	\$ 500.00	_____ (1 – 50 Employees)*	\$ 450.00
_____ Standard Member (25 – 100 Employees)*	\$ 350.00	Non-Profit/Government/Churches:	
_____ Standard Member (6 – 24 Employees)*	\$ 195.00	_____ (26 + Employees)*	\$ 250.00
_____ Standard Member (3 – 5 Employees)*	\$ 125.00	_____ (1 – 25 Employees)*	\$ 150.00
_____ Standard Member (1 – 2 Employees)*	\$ 100.00	_____ (Volunteers Only/No Paid Emp.)	\$ 100.00
_____ Associate Member/Additional Location (Parent Co. Must Be Member First)	\$ 50.00	_____ Chamber Friend/Non-Business**	\$ 45.00
Schools/Universities:		** Individual/Family/Retiree	
_____ Colleges/Universities	\$ 500.00	** No Promotion Of A Business	
_____ Vocational Schools	\$ 275.00	** No Promotion Of A Charitable Organization	
_____ K-12 (Public and/or Private)	\$ 100.00	_____ <b>One-Time Administration Fee</b>	<b>\$ 25.00</b>

\* Denotes Full-Time Equivalent (2 Part-Time Employees = 1 Full-Time Employee)

Payment Type	
_____ Check	_____ Cash _____ Visa _____ MC _____ AMEX _____ Discover
Credit Card #:	_____ Expiration: ____/____ CVV Code: _____
Name On Card:	_____
Email:	_____ Phone #: _____
Complete Billing Address For Card:	_____

Payment	
Level Amount	\$ _____
Admin. Fee	<u>\$ 25.00</u>
<b>TOTAL</b>	<b>\$ _____</b>
<b>20210305</b>	

Applicant Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Application Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Date Received (Office Use Only): \_\_\_\_\_ Received By (Office Use Only): \_\_\_\_\_