



Membership Application

(For Trustee level please include a black and white headshot of primary representative, company profile and company logo)

Name of Company: _____

Primary Representative Name: _____

Title of Primary Representative: _____

Complete Company Address:

Phone: _____ Direct Line: _____ Direct Fax: _____

Email: _____ Website: _____

Executive Assistant's Name: _____

Direct Line: _____ Email: _____

Business Classification: _____

(Type of Business)

Membership Referred by: _____

Level of Membership (Please check one)

____ Individual, \$175

____ Bronze \$ 500

____ Silver \$1,000

____ Platinum \$2,500

____ Gold \$1,500

____ Diamond \$5,000

Membership Dues

\$

One time processing fee

\$

25.00

Total due for Annual Membership

\$

Please make checks payable to: The Women's Chamber of Commerce of Miami Dade and mail to: PO Box 570473, Miami, Florida 33257-0473. If you would like to pay by credit card, please indicate so here _____ and an invoice with online payment instructions will be emailed to the email provided in this application.

Signature: _____ **Date:** _____

(If you are applying for a Trustee Membership, please provide additional representative names on the following page)

TRUSTEE MEMBERSHIPS

Please designate additional Representatives (Individual memberships are only allowed one representative.)

One additional representative for the **Bronze level**; **Two** additional representatives for the **Silver level**;
Four additional representatives for the **Gold level**; **Six** additional representatives for the **Platinum level**.
Nine additional representatives for the **Diamond level**.

Name: _____ Title: _____
Address: _____
Direct Phone: _____ Direct Fax: _____ Email: _____

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