



Application for Membership

Name of Business/Individual/Family: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Webpage Address: _____

MEMBERSHIP REFERRAL BY: *(person or business)*

Following information is only applicable to business applications:

Type of Business: _____

Place of Business: _____

Number of full time employees working in the Clewiston area: _____

To be represented by: _____

Please indicate any additional businesses that you own and would like to add to your Chamber membership
(a medium business or larger) (a rate of \$90 each applies):

Please indicate any employees that you would like to include for Individual memberships
(a rate of \$45 each applies): _____

Memberships are for one year from the date of your original anniversary date and will be due for renewal on the anniversary month of the original membership.

Name(s) of any Chamber(s) of Commerce in which a current or previous member:



109 Central Avenue
Clewiston, FL 33440

863 983 7979 | PH.
863 983 7108 | Fax

Thank you for your membership!

www.clewiston.org
clewistonchamber@embarqmail.com

Clewiston Chamber of Commerce
Schedule of Dues

Classification	Annual Dues
Individual/Family	\$45
Non-Profit/School/Church/ Civic Organization	\$50
Home Based Business (Sole Proprietor)	\$75
Professional/Small Business (2-5 Employees)	\$90
Professional/Medium Business (6-10 Employees)	\$150
Professional/Medium-Large Business (11-15 Employees)	\$245
Professional/Large Business (16-19 Employees)	\$275
Professional/Extra Large Business and Multiple Businesses under same Ownership (20 or More Employees)	\$360
Each additional Business added under Multiple Business (medium business or larger)	\$90
Each additional Individual Member added Under a Business or Multiple Business	\$45

The IRS requires us to tell you that annual dues are NOT a contribution but may be treated as a normal, necessary business expense.

Thank You for your Support!

Effective November 1, 2012