

# UHACC MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ORGANIZATION NAME (IF APPLICABLE)

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

POSTAL CODE

PHONE NUMBER

EMAIL

## PAYMENT INFORMATION

CHECK No. \_\_\_\_\_ AMOUNT \_\_\_\_\_

MASTERCARD  VISA  DISCOVER  AMEX

CARD No. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

## MEMBERSHIP TYPE

This section is completed by a club officer

- |   |  |
|---|--|
| <input type="checkbox"/> STUDENT<br>\$50.00       | <input type="checkbox"/> BUSINESS (1-5<br>employees)<br>\$250.00       |
| <input type="checkbox"/> PROFESSIONAL<br>\$100.00 | <input type="checkbox"/> BUSINESS (5 or<br>more employees)<br>\$350.00 |
| <input type="checkbox"/> NON-PROFIT<br>\$150.00   | <input type="checkbox"/> CORPORATE<br>\$500.00                         |
| <input type="checkbox"/> TRANSFERRING             | <input type="checkbox"/> RENEWING                                      |

One time administrative fee of \$25.

PREVIOUS TYPE NAME

MEMBER NUMBER

## NEW MEMBER KIT

This section is completed by applicant if a new member.

- ENGLISH  CREOLE

SIGNATURE

MAKE CHECK PAYABLE TO "UNITED HAITIAN AMERICAN CHAMBER OF COMMERCE OF SWFL, INC."