

Hispanic Business Professionals of Southwest Florida

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Membership Application Form

Full Name of Organization (please type or print clearly) **Date:**

Contact: **Title:**

Address:

City: **State:** **Zip Code:**

Tel: **Mobile:** **Fax:**

Email: **Website:**

Business Category: **Referred by:**

<i>Classification</i>	<i>Investment</i>	<i>Classification</i>	<i>Investment</i>
Affiliate	No Cost	Professional Office	\$75
Individual	\$50	Small Business	\$75
Non Profit	\$50	Corporate	\$100

These "First Year Introductory Rates" are valid during 2019. Additionally, those members who join by June 31, 2019, will retain their "Introductory Rates" during their second year. Official rates will go into effect January 1, 2020. Please circle the level you wish to join at.

Application is hereby made for membership in the HBP of SWFL. I agree to abide by the company's rules and code of conduct. I understand that this membership application is subject to approval by Board of Advisors and may be cancelled by either party at any given time.

Signed by: **Signature:**

Payment Information

Cash <input type="checkbox"/>	Check <input type="checkbox"/>	MC <input type="checkbox"/>	VISA <input type="checkbox"/>	AMEX <input type="checkbox"/>		
Credit Card #:	<input type="text"/>		Exp.:	<input type="text"/>	CVV:	<input type="text"/>
Billing Address:	<input type="text"/>					
Amount:	<input type="text"/>	Signature:	<input type="text"/>			

Please make check out to "Hispanic Business Professionals of SWFL" and mail to:
14965 Technology Court, Ste. #6, Fort Myers, FL 33912