



## MEMBERSHIP APPLICATION FORM

### Contact Information

Business/Organization Name:

Applicant Name:  Title/Position:

Address:

Phone:  Email:

### Membership Level (Please select):

#### BUSINESS

- Small Business (\$195)       Non-profit Associate (\$150)       Business (\$375)  
 Business Executive (\$550)       Business Plus (\$825)

#### CORPORATE

- Bronze (\$1,050)       Silver (\$1,450)       Gold (\$3,500)       Investor (\$5,000)

#### TRUSTEES

- Premier (\$7,500)       Platinum (\$10,000)       Chairman (\$15,000)

### Business Description:

#### PAYMENT METHOD:

For transfers and/or tax exemption, please contact our offices:

All payments in effect with this form. Exclusively in the name of: **DOMINICAN INTL BUSINESS.**

- Check       Online Payment: [www.dominicanintlbusinessfed.org/memberships](http://www.dominicanintlbusinessfed.org/memberships)

### Agreement:

I agree to abide by the bylaws and support the mission of the Dominican International Business & Tourism Chamber of Commerce Florida.

Signature:  Date: