



MEMBERSHIP APPLICATION

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Type of Business: _____

Main business activity: _____
(for GABC directory listing)

Number of employees: _____ Referred by: _____

I authorize you to publish above information in the GABC membership directory except (*)

Date

Signature of Member

Annual membership dues

- Individual Resident** Amount Due: \$100.00
For individuals not representing or affiliated with a business
- Small Business Membership** Amount Due: \$250.00
For companies with 1-5 employees
- Corporate Membership** Amount Due: \$500.00
For companies with more than 5 employees
- Trustee Membership** Amount Due: \$750.00
- I am interested in the GABC sponsorship packages**

Please return this form with a check payable to:

German American Business Chamber of Florida, Inc.
SE Florida Chapter – Miami
 100 North Biscayne Blvd. Suite 2100
 Miami FL 33132
 T 305.371.4282 | F 305.371.6145
 E miami@gabc.us | W gabc.us