



SANIBEL & CAPTIVA ISLANDS CHAMBER OF COMMERCE
Membership Application

Please complete this application and return it to the Chamber via fax (239-395-0783) or mail (1159 Causeway Road, Sanibel, FL 33957). Membership will be processed immediately upon payment (Visa, MasterCard, AMX or check payable to Sanibel & Captiva Islands Chamber of Commerce.) If you have questions please call Membership at 239-472-8255 or membership@sanibel-captiva.org.

Business Description (briefly describe your business) Please print clearly

Billing / Contact Information

Business/Individual Name _____
Primary / Billing Contact Person _____
Business Contact Email Address _____
Contact Telephone _____ Business Fax: _____
Billing Address _____
City _____ State _____ Zip Code _____

Website Listing Information

Business Name _____
Location (address) of Business _____
City _____ State _____ Zip Code _____
Website Listing Telephone _____ / _____
Business E-mail Address _____
Website Address _____

Number of full time employees, or units (accommodations) or seats (restaurants) _____

Please provide a copy of your Business Tax Receipt (aka. Occupational License) and your Sales and Use Certificate.

Business Tax Receipt # _____ . (Previously known as Occupational License No.)
License issued by: ___ Sanibel Island ___ Lee County
If the physical location of your business is on Sanibel and you do not have a City of Sanibel occupation license, please contact Sanibel City Hall at (239) 472-9615

Sales and Use Certificate (Florida Sales Tax) ID No. _____
For further information, call the Lee County Tax Collector (239) 533-6000.
Business Development Tax # (Lodging only): _____

Accommodation memberships – please complete the ‘Accommodation Authorization Form’.

If elected to membership, applicant agrees to the Charter and by-laws of the Sanibel & Captiva Islands Chamber of Commerce. All memberships and benefits expire one (1) year from inception. Sorry, no refunds. Failure to keep account current can result in loss of membership and services. **Membership dues are subject to annual increases if directed by the Chamber Board of Directors.** I understand that by providing the fax number(s) or email address above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes and/or emails sent by or on behalf of the Sanibel & Captiva Islands Chamber of Commerce. Please note: **A lapse in membership renewal will result in a \$35 set up fee for reinstatement.**

Applicant Signature _____ **Date** _____



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Basic Membership Policies

- One 4” wide x 9” long brochure rack slot in the Visitor Center.
- Maximum drop-off quantity: 150 (bi or tri fold) or 150 for all brochure books or 200 flat (no folds)
- Three business categories
 - One website and Directory listing for each category
- Chamber Business Lunch and After Hours
 - Paid attendance is limited to three (3) employees
 - Contact the Chamber for exceptions

Business Categories (Review w/Chamber)

Business Name/Individual Name _____

Primary Category1 _____

Business Category2 _____

Business Category3 _____

Extra Categories (\$75 each)

Business Category4 _____

Business Category5 _____