



**The Swedish American Chamber of Commerce
Florida**

Membership Application for 2009

Name: _____ Title: _____

Name of Business: _____

Business address: _____

Business Phone: _____ Fax: _____

Internet Web Site: _____ Email: _____

Business Activity: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Membership Classification

_____ Corporate (six or more employees) **\$ 650.00**

_____ Business (five or less employees) **\$ 275.00**

Date and Applicant's Signature: _____

Please make check payable to SACC-Florida and include payment with application.

Swedish American Chamber of Commerce, Florida
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E-mail: sacc@sacc-florida.com
Phone: 305-767-1662
Fax: 305-675 0244