



DISABILITY BUSINESS MEMBER APPLICATION

To be considered for Disability Business Membership, a business must fully complete this Application. If you have any questions regarding your business' eligibility for Disability Business Membership or regarding this Application, please contact us at info@disabilitychamber.org.

To qualify for Disability Business Membership, your business must be a Disability Business. The final determination of qualification is made by the Chamber's Board of Directors (or the membership committee, if such a committee has been appointed), in its sole discretion. **The Board of Directors may request additional information in its sole discretion.** The following definition of Disability Business is in accordance with the Chamber's Bylaws:

“Disability Business” means a business (whether for profit or not-for-profit) that is controlled by one or more persons who have a disability and/or are direct caregivers of a person who has a disability.

(a) The term “controlled” means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a company or a division of a company, whether through the ownership of voting securities, by contract, or otherwise.

(b) The term “disability” has the definition provided in the Americans with Disabilities Act of 1990 (the “ADA”). Pursuant to the ADA, the term disability means, with respect to an individual,

- (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (2) a record of such an impairment; or
- (3) being regarded as having such an impairment.

(c) The term “direct caregiver” means a parent or guardian of one or more individuals with a disability; provided that such parent or guardian is the primary caregiver for such individuals.

There are no membership fees for Disability Business Members.

Please mail all forms to:

Chamber of Commerce for Persons with Disabilities, Inc.
6932 Sylvan Woods Drive
Sanford, FL 32771
(407) 650-0926 Facsimile
info@disabilitychamber.org

GENERAL INFORMATION

- 1. Name of business: _____
- 2. Address of business (mailing and street): _____

- 3. Phone number & fax number of business: _____
- 4. E-mail address and website: _____
- 5. Contact person: _____
- 6. Location of headquarters: _____
- 7. Primary designated representative: _____
- 8. Number of employees: _____
- 9. How did you hear about the Chamber: _____
- 10. Type of Disability for which your business qualifies as a Disability Business (indicate whether the business is controlled by a person(s) with a disability or by a direct caregiver(s) or both): _____

If your business is determined to be a Disability Business Member, please provide up to five sentences of material (no more than ten lines of text) that you would like to be included on the Chamber's website under your business' name. Also please provide any website link you would like included under your business' name.

By signing below, you represent that the above-named business qualifies as a Disability Business.

[Business Name]

By: _____
Name: _____
Title: _____