



SUPPORT ORGANIZATION MEMBER APPLICATION

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

To qualify for Support Organization Membership, your organization must be determined to be a Support Organization. That determination 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 following definition of Support Organization is in accordance with the Chamber's Bylaws:

“Support Organization” means a business or other organization that, as part of its operations, provides a significant benefit to the disability community (e.g., purchase a significant amount of the organization's services and products from Disability Businesses, have a track record of employment of the disabled, provide a significant amount of goods or services to the disability community, and provide significant grants to the disabled).

A Support Organization shall become a Support Organization Member upon the payment of the applicable membership fee, which is waived for 501(c)(3) organizations. The membership fees are as follows:

Level of Membership	1 Year	2 Years	5 Years	Lines of Text Posted on Chamber Website*
Platinum	\$5,000	\$9,500	\$20,000	20
Gold	\$1,000	\$1,850	\$4,000	10
Silver	\$500	\$925	\$2,000	5
Contributor	\$250	\$450	\$1,000	-

* The Chamber will post the name, address, phone number, fax number, and e-mail address for each Support Organization Member.

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 organization: _____
2. Address of organization (mailing and street): _____

3. Phone number & fax number of business: _____
4. E-mail address and website: _____
5. Contact person: _____
6. Primary designated representative: _____
7. Number of employees: _____
8. Nature of significant benefit provided to the disability community:

9. Geographical area in which the organization provides significant benefit to the disability community:

States: _____ Counties: _____
10. Years that such significant benefit has been provided: _____
11. How did you hear about the Chamber: _____
12. Type/Duration of Membership: _____
13. Method by which membership fee will be paid: _____
14. If by credit card, please provide the credit card number and expiration date:
