



CORAL GABLES CHAMBER OF COMMERCE

Trustee Application & Company Profile

Company Name					
Address					
City		State		Zip Code	
Website					
Business Category					
Phone		Fax			
Email					

Please Complete (where applicable)

Year established _____

Number of Employees _____

Note: Please email company logo and 75-word business profile to info@coralgableschamber.org

75-Word Business Profile

Primary Representative

Name of Primary Representative					
Title of Primary Representative					
Address					
City		State		Zip Code	
Email					
Assistant's Name					
Telephone & Fax					



CORAL GABLES CHAMBER OF COMMERCE

Please designate **FOUR** additional Trustee Representatives

Name of Representative #2				
Title of Representative #2				
Address				
City		State		Zip Code
Email				
Telephone & Fax				
Name of Representative #3				
Title of Representative #3				
Address				
City		State		Zip Code
Email				
Telephone & Fax				
Name of Representative #4				
Title of Representative #4				
Address				
City		State		Zip Code
Email				
Telephone & Fax				
Name of Representative #5				
Title of Representative #5				
Address				
City		State		Zip Code
Email				
Telephone & Fax				

Payment Information

Please include Trustee investment of \$2,750 plus \$25 one-time application fee to the Coral Gables Chamber of Commerce, 224 Catalonia Avenue, Coral Gables, FL 33134 or fax to 305.446.9900, or join online at www.coralgableschamber.org. If you have any questions, please call 305.446.1657.

Payment Method:	Check		Visa		MC		AMEX		Discover	
Credit Card Number:										
Signature:										
Billing Address:										
SEC:										
Membership Recommended By:										