

Membership Application

Please complete the form below and return by email or standard mail.

info@brazilfloridabusiness.com

Brazil-Florida Business Council, Inc.
2202 West Shore Blvd., Suite 200, Tampa, FL 33607

Name _____ Title _____ Date: ____ / ____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Telephone (____) _____ Fax (____) _____
 Email _____ Website _____

Representative(s)*

Please include an email and title for each representative.

First Name	Last Name	Title	email

Category:

President's Circle Patron Corporate Small Business Not-for-Profit

\$10,000.00/yr \$ 5,000.00/yr \$ 1,000.00/yr \$ 500.00/yr \$ 250/yr
 * 10 Representatives * 5 Representatives * 4 Representatives * 2 Representatives * 1 Representative

Payment Options

Check Enclosed* Visa MasterCard AmEx Other

***Checks made payable to: Brazil-Florida Business Council, Inc.**

Credit card details

Card Number _____ Exp. Date ____ / ____ Signature _____
Security Code _____ Billing Address _____

I authorize Brazil-Florida Business Council to communicate via email with our organization. _____