



# The Greater Boca Raton Chamber of Commerce Trustee Membership Application & Profile

1800 North Dixie Highway ♦ Boca Raton, Florida 33432

Phone: (561) 395-4433 ♦ Fax: (561) 392-3780

E-mail: [info@bocaratonchamber.com](mailto:info@bocaratonchamber.com)

Website: [www.bocaratonchamber.com](http://www.bocaratonchamber.com)

## Trustee Contact Information

Trustee Company: \_\_\_\_\_

(as you would like it to appear on icon)

Trustee Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

(as you would like it to appear on name badge)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Current or past Chamber involvement: \_\_\_\_\_

Current or past community involvement: \_\_\_\_\_

## Trustee Company Information

Type of Company (SIC classification/industry): \_\_\_\_\_

Number of full time employees: \_\_\_\_\_

How can the Chamber & the Trustee program most assist your company?

☐ Networking ☐ Exposure ☐ Involvement ☐ Advocacy ☐ Value Added Programs (Airborne Express, Oasis Outsourcing)

☐ Other (please be specific): \_\_\_\_\_

What business/governmental issues are most important to your company? \_\_\_\_\_

Are you interested in receiving information about hosting or sponsoring a Trustee or Chamber event? ☐ Yes ☐ No

**Minimum Annual Trustee Investment is \$2,500.00** ☐ Upgrade \$ \_\_\_\_\_ ☐ New Member

Payment Method: ☐ Check enclosed Check # \_\_\_\_\_ ☐ Visa ☐ MC ☐ AmEx ☐ Discover

Card #: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

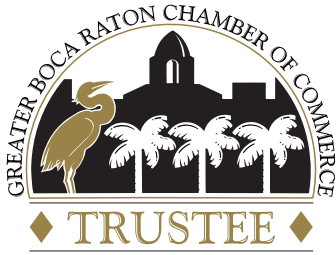
Join Date: \_\_\_\_\_

Who referred you to the Trustee Program? \_\_\_\_\_

Please make check payable to the Greater Boca Raton Chamber of Commerce.  
**Mail payment, application and a 70 word description of your company**  
for inclusion on our website and in the Annual Directory to:

Troy McLellan, 1800 North Dixie Highway, Boca Raton, FL 33432.

Credit Card orders may be faxed to (561) 392-3780. For more information contact  
Troy McLellan, Executive Vice President & COO at (561) 395-4433 or  
[tmm@bocaratonchamber.com](mailto:tmm@bocaratonchamber.com).



## Trustee Company Representatives

Please identify two (2) key senior level company executives to receive Trustee mailings and invitations. Identify up to five (5) company employees to receive general Chamber mailings and invitations.

### Key Trustee Participants

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____

### Chamber Participants

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____

Name: _____	Title: _____
Address: _____	
Phone: (    ) _____	Fax: (    ) _____
E-mail: _____	Website: _____