



Islamorada

CHAMBER OF COMMERCE
& VISITOR CENTER

MEMBERSHIP APPLICATION

Mar 2026 - Feb 2027

This information will appear in all Chamber publications

BUSINESS NAME: _____

Legal name (if different): _____

BUSINESS OWNER: _____ CONTACT PERSON _____

PHYSICAL ADDRESS: _____

Billing Address: _____ CITY _____

STATE: _____ ZIP _____ MILE MARKER LOCATION _____ OCEAN / BAY _____

PHONE _____ FAX _____ 800 _____

WEB SITE ADDRESS: _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS FOR INVOICES: _____

DESCRIPTION OF BUSINESS: _____

"Sport Fishing Capital of the World!"

87100 Overseas Hwy.
P.O. Box 915
Islamorada, FL 33036
(305) 664-4503
(305) 664-4289 fax
(800) FAB-KEYS
info@islamoradachamber.com
www.islamoradachamber.com

SECOND WEDNESDAY
BOARD MEETINGS

THIRD TUESDAY
BUSINESS AFTER HOURS

FOURTH WEDNESDAY
LUNCHEON MEETING

REQUIREMENTS

PROOF OF BUSINESS LICENSE

Attach a copy of a current Occupational or Business License along with application.

MEMBERSHIP DUES

Dues for Regular Membership with voting rights are based on number of full time equivalent (FTE) employees.

Membership dues are calculated for 12 months—if you are joining after March 1st annual fee may be prorated.

* Associate memberships are only available to businesses that are not based in Islamorada nor derive an income from the Islamorada area. Associate Members do not have voting privileges.

** Non-Profit members are required to provide a copy of their Non Profit Status certificate

MEMBERSHIP	ANNUAL FEE
_____ 26+ employees	\$450
_____ 11-25 employees	\$350
_____ 1-10 employees	\$250
_____ Non Profit **	\$100

Signature _____

Date _____

www.islamoradachamber.com