



Advocacy Support Application

15588 Aviation Loop Drive Brooksville, Florida 34604
Office: 352.796.0697 Fax: 352.796.3704
www.hernandochamber.com

Mission: *To serve as the voice of the business community and maintain information flow for the Chamber members regarding Legislative issues and local issues possibly affecting their business.*

Thank you for your interest in the Greater Hernando County Chamber of Commerce's Advocacy Committee's *Support Application*.

The Greater Hernando County Chamber of Commerce strongly believes in assisting and supporting issues impacting not only our business members, but the County as a whole. Because of our relationships with every sector of the business community and within Hernando County Government, our name associated with a cause is something we take very seriously. As you might imagine, due to the quantity and nature of requests, it is vital to review each request to process the viability of our support.

To that end, the Advocacy Committee respectfully asks that you help us by completing and submitting the following *Support Application*. Because this is a process, which for larger issues may involve several volunteer committees and boards over a period of months, timely referral of this application will help us address your needs sooner.

Please include any information you would like us to consider. As you fill out this *Support Application with Additional Questions*, we encourage you to take note of some of these questions the Advocacy Committee will use to help us in our deliberations. While not required on the application, some have found it helpful to address their context within this application. Please note, the committee may take up to 30 days to review your request and a representative will call you with the decision.

Please return the completed application with supporting documentation to:

Attn: Advocacy Committee
Greater Hernando County Chamber of Commerce
15588 Aviation Loop Drive
Brooksville, FL 34604
P: 352-796-0697 F: 352-796-3704
Email: info@hernandochamber.com



Advocacy Support Application

Date: _____

Contact Name: _____

Organization/Affiliation: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Briefly describe your need/concern: _____

How do you see the Chamber assisting you? _____



Additional Questions

What is the timeline? _____

Does this affect other Chamber business members? _____
a. Why and How? _____

How does it impact Chamber business membership? _____

Does it help or hinder free-enterprise or market forces? _____
a. Why and How? _____

Does it help or hinder business development/growth in Hernando County? _____
a. Why and How? _____

Is it fiscally responsible for the County budget? _____

Is it consistent with the Chamber's desired positioning/presentation? _____

a. Explain how your need/concern would harmonize with our Mission Statement

Is it good stewardship of County resources? _____

a. Water, air, etc. _____

Additional Comments: _____

Please list & attach any supporting documentation: _____
