



Membership Application

I. GENERAL INFORMATION

Business Name: _____	Business Mailing Address: _____ _____ _____ Web Address: _____
Primary Contact Name: _____	
Business Phone: _____	
Fax: _____	
Email: _____	

II. MEMBERSHIP DUES (place checkmark next to desired membership)

<input type="checkbox"/> \$195.00 Individual Membership <input type="checkbox"/> \$270.00 Corporate: 1-12 Full-Time Employees <i>(up to 2 Company Representatives)</i> <input type="checkbox"/> \$420.00 Corporate: 13-24 Full-Time Employees <i>(up to 3 Company Representatives)</i> <input type="checkbox"/> \$570.00 Corporate: 25+ Full-Time Employees <i>(up to 5 Company Representatives)</i>	Payment Method: <input type="checkbox"/> Check (payable to HCCCCF) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card Number: _____ Exp. Date: ____ Signature: _____
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III. ADDITIONAL COMPANY INFORMATION

Type of Business: _____	Billing Address (if different from above): _____ _____ Referred by: _____
Type of Ownership: _____	
Month/Year Established: _____	
Number of Employees: _____	
Services Offered: _____	

III. AUTHORIZED REPRESENTATIVES (if applicable)

Name:	Telephone:	Fax:
_____	() - _____	() - _____
_____	() - _____	() - _____
_____	() - _____	() - _____
_____	() - _____	() - _____

SIGNATURE: _____	Date: _____
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Membership to the Hispanic Chamber of Commerce of Metro Orlando is not restricted on the basis of race, color, sex, age, religion, national origin or handicapped status.

Membership entitles you to networking opportunities with:

