



## **MEMBERSHIP APPLICATION**

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Industry: \_\_\_\_\_

Services Offered: \_\_\_\_\_

<b>MEMBERSHIP LEVELS</b>	\$195 /Year	<b>Individual Membership</b> Up to 1 Company representative - Apply to small business owner
	\$270 /Year	<b>Corporate Membership II</b> Up to 2 company representatives - Apply to companies with 2-12 employees.
	\$420 /Year	<b>Corporate Membership III</b> Up to 3 company representatives- Apply to companies with 13-24 employees.
	\$570 /Year	<b>Corporate Membership IV</b> Up to 5 company representatives- Apply to companies with 25+ employees.

### **PAYMENT METHOD**

- Check** (payable to HCCMO) Check# \_\_\_\_\_
- Credit Card** circle card type: MC Visa AX

Card#: \_\_\_\_\_

Exp Date: M\_\_\_\_\_ Y\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Authorized Representatives: (for Corporate Memberships Only):**

#### **Corporate II**

1) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Add for Corporate III**

3) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Add for Corporate IV**

4) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Membership to the Hispanic Chamber of Commerce of Metro Orlando is not restricted to color, sex, age, religion, national origin or handicapped status.*