



# Hispanic Chamber of Commerce Montgomery County

## MEMBERSHIP APPLICATION / RENEWAL

### COMPANY INFO

**Company Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Website: <http://> \_\_\_\_\_ Twitter: @ \_\_\_\_\_

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

Trade Industry: \_\_\_\_\_  Minority-owned  Woman-owned

Description of products or services: \_\_\_\_\_

What do you most want to gain from membership? *(Reason for joining):* \_\_\_\_\_

PRIMARY CONTACT		SECONDARY CONTACT	
<b>Name:</b> _____		Name: _____	
Position: _____		Position: _____	
<b>Phone:</b> _____	Ext: _____	Phone: _____	Ext: _____
<b>Email:</b> _____		Email: _____	
<input type="checkbox"/> Please send me news and event notices		<input type="checkbox"/> Please send me news and event notices	

MEMBERSHIP TYPE	PAYMENT METHOD
<input type="checkbox"/> <b>Student</b> \$ 60	<input type="checkbox"/> <b>Check/Money Order</b> payable to HCCMC (# _____ )
<input type="checkbox"/> <b>Individual</b> \$ 95	<input type="checkbox"/> <b>Credit Card</b> (# _____ )
<input type="checkbox"/> <b>Entrepreneur</b> \$ 150 <i>(Up to 5 employees)</i>	Expiration _____ / _____ CVC _____
<input type="checkbox"/> <b>Non-profit Entity</b> \$ 250	Name on Card _____
<input type="checkbox"/> <b>Small Business Entity</b> \$ 300 <i>(Between 6 - 75+ employees)</i>	Billing Address _____
<input type="checkbox"/> <b>National and/or Corporate Entity</b> \$ 500	<input type="checkbox"/> <i>Same as above</i> _____
<input type="checkbox"/> <b>Corporate-Silver</b> \$ 1,000	<input type="checkbox"/> <b>PayPal</b> via <a href="http://www.hccmc.org/membership/membership-dues">http://www.hccmc.org/membership/membership-dues</a>
<input type="checkbox"/> <b>Corporate-Gold</b> \$ 2,500	Email Provided _____
<input type="checkbox"/> <b>Corporate-Platinum</b> \$ 5,000	

RETURN TO HCCMC, 4833 RUGBY AVENUE, SUITE 500-A, BETHESDA, MARYLAND 20814

How did you hear about us? \_\_\_\_\_