

COMPANY PROFILE						
Company Name:					Date:	
Address:						
City:		State:		ZIP:		
URL:						
Phone:		Twitter:				
LinkedIn:		Facebook:				
Trade Industry:				Minority Owned? Y N	Woman Owned? Y N	
Description of Products and Services:						
CONTACT INFORMATION						
Primary Contact			Secondary Contact			
Name:			Name:			
Position:			Position:			
Phone:			Phone:			
Mobile:			Mobile:			
E-mail:			E-mail:			
ANNUAL MEMBERSHIP						
Annual Membership Levels			Payment Method			
Please circle one:			Card Number:			
Individual	\$150		Expiration Date:		CVV:	
Small Business (5 employees or less)	\$300		Name on Card:			
Corporate	\$1,000		Card Billing Address:			
Silver Sponsor	\$2,500		State:	City:	ZIP:	
Gold Sponsor	\$5,000		Paypal:	info@hccmc.org		
Platinum Sponsor	\$10,000		Check Money Order:	Payable to HCCMC 3930 Knowles Ave. Suite 100, Kensington, MD 20895		