Hispanic Chamber of Commerce Montgomery County

MEMBERSHIP APPLICATION

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
Name:	Name:
Position:	Position:
Phone: Ext:	Phone: Ext:
Email:	Email:
☐ Please send me news and event notices	☐ Please send me news and event notices

MEMBERSHIP TYPE		PAYMENT METHOD
☐ **Individual** *Company name is your Member name (see above)*	$ 150	☐ **Check/Money Order** payable to HCCMC (# _____)
☐ **Small Business** *Under 50 people*	$ 300	☐ **Credit Card** (# _____)
☐ **Non-Profit Organization** *Community-based 501c1 or 501c3 only. Exemption ID:* _____	$ 500	Expiration _____ / _____ CVC _____ Name on Card _____ Billing Address _____ ☐ *Same as above* _____
☐ **Corporate**	$ 1000	☐ **PayPal** via http://www.hccmc.org/membership/membership-dues Email Provided _____

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

How did you hear about us? _____

THANK YOU!
QUESTIONS? CONTACT ROSALINDA DELGADO AT RDELGADO@HCCMC.ORG OR (301) 654-400 EXT. 216