



MEMBERSHIP APPLICATION

Hispanic Chamber of Commerce Montgomery County

(PLEASE TYPE OR PRINT CLEARLY)

Company Info >

Company Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Website _____

Company Phone _____ Fax _____

In business since _____ Industry _____

Reason for joining _____

Description of products or services _____

Primary Contact Info >

Name _____

Position _____

Phone _____ Ext _____

Email _____

Secondary Contact Info >

Name _____

Position _____

Phone _____ Ext _____

Email _____

Membership Level >

Individual \$ 150

Small Business
Under 50 people \$ 300

Non-Profit Organization
Community-based 501c1 or
501c3 only. Exemption ID:
_____ \$ 500

Corporate \$1000

Payment Method >

Check payable to HCCMC (# _____)

Credit Card (# _____)
Expiration _____ / _____ CVC _____

Name on card _____

Billing Address _____

**Return to HCCMC - MA, 150 Maryland Avenue,
Rockville, MD 20850 or info@hccmc.org**

*Annual dues schedule current as of October 2008. HCCMC is a 501(c)6 organization;
membership dues may qualify as a tax deductible business expense.*

Referral >

How did you hear about us? _____

Please send me chamber news and event announcements >

Primary contact Secondary contact Notify me of sponsorship opportunities