



Hispanic Chamber of Commerce Contra Costa County

Membership Application

Business/Membership Status (Check One):

<input type="checkbox"/>	Individual / Small Business (1 Representative*)	Dues = \$120 Annual
<input type="checkbox"/>	Small Business / Branch Office (1 – 3 Representatives*)	Dues = \$250 Annual
<input type="checkbox"/>	Large Company/Corporation (1 to 5 Representatives*)	Dues = \$500 Annual
<input type="checkbox"/>	Non-Profit / Charity (1 Representative*)	Dues = \$120 Annual
<input type="checkbox"/>	Associate Member (1 Representative*. For employees of large companies, company name not used.)	Dues = \$120 Annual

For Small Business/Branch Office or Large Company/Corporation applicants, please provide information for the primary contact person below and information for other representatives on the Additional Representative Addendum.

Name: _____

Title/Position: _____

Business Name: _____

Business Type: _____

Business Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

I was referred to the Chamber by: _____

Are you interested in becoming a member of one of our committees (Membership, Business Mixers, Education, Communications, Government Affairs, Legal, Health, or Small Business Development)? If yes, which one? _____

Signature: _____ Date: _____

Please mail your application and check for first years dues to:

Hispanic Chamber of Commerce of Contra Costa County
P.O. Box 23964
Pleasant Hill, CA. 94523
(925) 933-2337

* Upon approval of this application, each representative listed becomes an official member of the Chamber, meaning each representative enjoys all the benefits and rights of membership including voting in annual elections, a listing in the annual membership directory, a listing on the website, free entrance to our monthly mixers, etc.



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Additional Representative Addendum

Company Name: _____

Additional Representative 1:

Name: _____

Title/Position: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

Additional Representative 2:

Name: _____

Title/Position: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

Additional Representative 3:

Name: _____

Title/Position: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

Additional Representative 4:

Name: _____

Title/Position: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____