



The Hispanic Chamber of Commerce of Queens

MEMBERSHIP APPLICATION

Name / Nombre: _____

Title / Titulo: _____

Organization / Organizacion: _____

Address / Direccion: _____

Phone / Telefono: _____ Fax: _____

Number of Employees / Numero de Empleados: _____

Year Established / Fecha Establecido: _____

Type of Industry / Industria: _____

1 E-Mail: _____ 2 E-Mail: _____

Web Page: _____

Membership Dues for 2013:

- **Basic Membership - \$100.00** (membership certification, include in the newsletter / email blast)
- **Silver Membership - \$375** (include Individual/business profile, membership certification, promote email blast events / seminars)
- **Corporate Members \$2500** (include Individual/business profile, membership certification, promote email blast events / seminars, one event/seminar hosted by chamber, hyperlink to your company website, logo display)
- Not-for-profit organizations: \$100
- Retired persons, Public Employees, Ordained Ministers card: - \$50, Other individuals: \$100

I hereby authorize HCCQ to print and publish my name, address & phone number in the Annual Membership Handbook / Yo autorizo a HCCQ a imprimir y publicar mi nombre, direccion y telefono en el Anuario de Miembros.

YES _____ NO _____

Credit Card Payment: Card Holder Name: _____

Account Number _____ Exp Date _____ CCV Code _____

Applicant's Signature / Firma: _____ Date / Fecha: _____

Note: Credit Card Process would be renewal automatic every year. You could FAX your application to 866.824.1989

Please make check payable to: **HISPANIC CHAMBER OF COMMERCE OF QUEENS**

24-16 Queens Plaza South, Suite 502, Long Island City, NY 11101