



MEMBERSHIP APPLICATION

Business Name: _____
 Business Mailing Address: _____
 Billing Address (if different from above): _____
 Primary Contact: _____ Phone: _____ Fax: _____
 Email: _____ Web Address: _____
 Industry: _____ Services Offered: _____

MEMBERSHIP LEVELS	\$195 /Year	Individual Membership Up to 1 Company representative – Apply to small business owner
	\$270 /Year	Corporate Membership II Up to 2 company representatives – Apply to companies with 2-12 employees.
	\$420 /Year	Corporate Membership III Up to 3 company representatives- Apply to companies with 13-24 employees.
	\$570 /Year	Corporate Membership IV Up to 5 company representatives- Apply to companies with 25+ employees.

PAYMENT METHOD

_____ **Check** (payable to HCCMO) Check# _____ or _____ **Credit Card** circle card type: **MC Visa AX**

Card#: _____ Exp Date: M _____ Y _____ Billing Zip Code: _____

Signature: _____

Authorized Representatives: (for Corporate Memberships Only):

Add Representative Corporate II Level

1) Name: _____ Phone: _____ Email: _____

Add Representatives for Corporate III Level

2) Name: _____ Phone: _____ Email: _____

3) Name: _____ Phone: _____ Email: _____

Add Representatives for Corporate IV Level

4) Name: _____ Phone: _____ Email: _____

5) Name: _____ Phone: _____ Email: _____

Membership to the Hispanic Chamber of Commerce of Metro Orlando is not restricted to color, sex, age, religion, national origin or handicapped status.