



Membership Application

Company/Firm Name /Nombre de Empresa _____

Representative's Name/Nombre _____ Title/Título _____

Mailing address/Dirección _____

City/State – Ciudad/Estado _____ ZIP Code/Código Postal _____

Phone/Teléfono _____ Fax _____ E-mail/Correo electrónico **(important!!)** _____

Referred by/Referido por _____

Please indicate your level of membership:	
<input type="checkbox"/> Trustee Partner	\$2,500
<input type="checkbox"/> Large Business (17 + employees)	425
<input type="checkbox"/> Government, Education, Other Chambers	300
<input type="checkbox"/> Mid-Size Business (8-16 employees)	275
<input type="checkbox"/> Small Business (2 - 7 employees)	165
TOTAL MEMBERSHIP from above	
Associate Members @ \$75	
One-Time Processing Fee	\$25
TOTAL MEMBERSHIP FEE, Associate & Processing	
	\$

Involve more people from your organization! Associate membership is available for other members of your firm for an additional \$75 per year. Please list each Associate Member and their e-mail address below. (Note: Trustee Partner Members may add up to three (3) associates at no additional charge.)	
1. Name/Nombre	
E-mail/Correo electrónico (important!!)	
2. Name/Nombre	
E-mail/Correo electrónico (important!!)	
3. Name/Nombre	
E-mail/Correo electrónico (important!!)	

Please make your check payable to HISPANIC CHAMBER OF COMMERCE
Mail to: 809 N. Dixie., Second Floor, West Palm Beach, FL 33401
If you prefer to charge to your Visa or MasterCard please complete our online application at:
www.PBHChamber.com

For additional information please contact:
info@PBHChamber.com or call **(561) 832-1986 ~ Fax (561) 832-1891**

In applying for membership I agree to abide by the By Laws of the Hispanic Chamber of Commerce of Palm Beach County.

Applicant's signature//Firma de Apicante _____

_____/_____/_____
Date

BE SURE TO COMPLETE THE MEMBER PROFILE ON BACK!

Company/Firm name / Nombre de Empresa



Member Profile

This information will help us design programs that best serve your needs.

Please describe your business, product or service:

Blank lines for business description

How long have you been in business?

- 1 - 3 years, 3 - 5 years, 5 - 7 years, 7 - 10 years, 10 years +

Number of years in business in Palm Beach County? ___ years

Domestic market area served:

International market area served:

Do you conduct business in: Spanish Only, English Only, Both Spanish and English

Is your company: family-owned, privately held, publicly held

Is your company certified as a minority-owned business? Yes, No

List County, City, State or Federal certifications held:

Are you interested in serving on a Chamber committee? Yes, No

- Business Development, Fundraising, Programming, Government Affairs, Communications, Membership, Finance, Bylaws

Would you be interested in presenting a business program? Topic(s)?

How can the Chamber be of most benefit to your organization?

Please choose one of the following options for your membership certificate printing:

- Company name, Contact name, Contact & company name

Thank you! Gracias

FOR OFFICE USE ONLY

CHECK NO. AMOUNT REC'D PROCESSED APPROVED COMMENTS