

**MEMBERSHIP APPLICATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Company name/Nombre de empresa Number of Employees/Número de empleados**

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Main contact/Nombre Title/Titulo**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing address/Dirección City/State—Ciudad/Estado Zip code/Código Postal**

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Phone/Teléfono E-mail/Correo Electronico**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Referred by/Referido por Business website/Sitio web de negocios**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Description of business (brief)/Descripción del negocio Year established/Años establecido**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Facebook/Twitter/Linkedin (If applicable)**

**Please indicate your level of membership (Favor de indicar nivel de membresia):

0-5 Employees $25\_\_\_\_ 6-10 Employees $40\_\_\_\_ 11-25 Employees $45\_\_\_\_**

**26+ Employees $75\_\_\_\_ Non-Business Membership $25\_\_\_\_**

 **In applying for membership, I agree to abide by the By Laws of the NY Capital Region Hispanic Chamber of Commerce and permit the display of my business as a member of the Hispanic Chamber.
(Como parte de mi membresía me comprometo en cumplir los requerimientos de la Cámara de Comercio Hispana de la Region Capital y permitir el uso del nombre de mi negocio como miembro de la Camara.)**

**Applicant’s signature/Firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Make check payable to: NYCRHCC, attach application, and mail to POBox 1266, Albany, NY, 12201)**