https://lh5.googleusercontent.com/l8j6lVinvg84M2Yysz69Mbo1i7sVHxl8cu9qXwf1rYKQiYk-9Icau0H4D24YKJT0v2tYlgpLXnDNAjJa4uYMl7JZka2qZ3iaHYYcajs5UX8Ig6F_rdL8UvsbGEcoZzLG83C_lg568b_sRw

**MEMBERSHIP APPLICATION**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Main contact/Nombre Title/Titulo**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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)**