



**MEMBERSHIP APPLICATION**

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

Main contact/Nombre \_\_\_\_\_ Title/Título \_\_\_\_\_

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 \$30 \_\_\_\_\_ 6-10 Employees \$50 \_\_\_\_\_ 11-25 Employees \$55 \_\_\_\_\_  
26+ Employees \$90 \_\_\_\_\_ Non-Business Membership \$30 \_\_\_\_\_

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)