



Membership Application

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

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

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

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Phone/*Teléfono* \_\_\_\_\_ E-mail/*Correo Electronico* \_\_\_\_\_

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

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

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Facebook/Twitter/Linkedin (If applicable)

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

- \$25 (0-5 Employees)       \$40 (6-10 Employees)       \$45 (11-25 Employees)
- \$75 (26+ Employees)       \$25 (Non-Business Membership)

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* \_\_\_\_\_

Please make check payable to **NYCR Hispanic Chamber of Commerce**, enclose with this application to:  
*Por favor haga el cheque a nombre NYCR Hispanic Chamber of Commerce adjuntar a esta solicitud al:*

**NYCR Hispanic Chamber of Commerce**  
P.O. Box 1987  
Albany, NY 12201-1987