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**Hispanic Chamber of Commerce of Grand Prairie, Texas**

**"Your Trusted Small Business Partner"**

**Mission** - To be the top leading advocate for support and success of minority and women owned businesses by providing resources, information, and education, promoting cultural awareness and perseverance of Hispanic culture.

**MEMBERSHIP APPLICATION**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Professional Profile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How can the HCCGP help you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of employees\_\_\_ Annual Income$\_\_\_\_\_\_

**Committees:**

Membership\_\_\_ Women Development\_\_\_ Finance\_\_\_ Government Relations\_\_\_

Fundraising\_\_\_ Business Resources\_\_\_\_ Cultural Events\_\_\_ Int'l Trade\_\_\_\_

**Your Membership Investment**

**Business $275\_\_\_ Bank/Financial Institution $375\_\_\_ Los Amigos-Local Government $1500\_\_\_**

**Non- Profit $200\_\_\_\_ School/ College/ Universities $750\_\_\_\_**

Please consider a **Sustaining Membership Level** to help us bring innovative resources and opportunities to our members. Please return application with proof of payment, logo (jpg & png) format, short company bio via email.

**For Benefits information, please visit our website or call your chamber office.**

Make checks payable to Hispanic Chamber of Commerce of GP/ P.O. BOX 543321Grand Prairie, Texas Tel **972-639-3778/www.grandprairiehispanicchamber.org/** No Refunds on Cancellations

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_