



# Hispanic Chamber of Commerce Contra Costa County

## Membership Application

Business/Membership Status (Check One):

<input type="checkbox"/>	Individual / Small Business (1 Representative*)	Dues = \$150 Annual
<input type="checkbox"/>	Small Business / Branch Office (1 – 3 Representatives*)	Dues = \$250 Annual
<input type="checkbox"/>	Large Company/Corporation (1 to 5 Representatives*)	Dues = \$500 Annual
<input type="checkbox"/>	Non-Profit / Charity (1 Representative*)	Dues = \$120 Annual
<input type="checkbox"/>	Associate Member (1 Representative*. For employees of large companies, company name not used.)	Dues = \$120 Annual

For Small Business/Branch Office or Large Company/Corporation applicants, please provide information for the primary contact person below and information for other representatives on the Additional Representative Addendum.

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I was referred to the Chamber by: \_\_\_\_\_

Are you interested in becoming a member of one of our committees (Membership, Business Mixers, Education, Communications, Government Affairs, Legal, Health, or Small Business Development)? If yes, which one? \_\_\_\_\_

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

Please mail your application and check for Annual dues to:

Hispanic Chamber of Commerce of Contra Costa County  
1515 Locust Street  
Walnut Creek, CA. 94596  
(925) 933-2337

\* Upon approval of this application, each representative listed becomes an official member of the Chamber, meaning each representative enjoys all the benefits and rights of membership including voting in annual elections, a listing in the online membership directory, free entrance to our monthly mixers, discounted price for booth at Expos, etc.



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### Additional Representative Addendum

Company Name: \_\_\_\_\_

Additional Representative 1:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Additional Representative 2:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Additional Representative 3:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Additional Representative 4:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_