



MEMBERSHIP APPLICATION

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax #:** _____

E-mail: _____ **Web Site:** _____

Primary representative (*Individual authorized to make changes to your account*)

(Mr./Ms./ Mrs.) _____ **Title:** _____

Other Representatives: (*Must not exceed amount allowed based on annual dues*)

(1) **Name:** _____ **Title:** _____

E-mail: _____

(2) **Name:** _____ **Title:** _____

E-mail: _____

(3) **Name:** _____ **Title:** _____

E-mail: _____

(If additional representatives need to be included, please do so on a separate sheet and attach to this application)

Billing Representative: _____

Title: _____ **E-mail:** _____

Name of person to be listed in the Membership Directory: _____

Title: _____ **E-mail:** _____

Persons to receive informational faxes? (*check one*)

Primary Contact Only: _____ **Representatives:** _____

BUSINESS PROFILE:

Number of employees: **Full-time:** _____ **Part-time:** _____

Date business was established: _____

Business Category: (*How is your business listed in the Southwestern Bell Yellow Pages ---Manufacturing, Retail, etc*)

List your business certifications: (*DBE, HUB Certified, SBE, SBA Small Business Disadvantage Business, WBE, MBE, etc.*)

Business Classification:

(Majority ownership of your business can be classified as:)

Woman-Owned: () Yes () No

Minority-Owned: () Yes () No

If minority-owned: (Specify Hispanic, Asian, African American, etc.) _____

If Hispanic-owned: (Specify Mexican-American, Mexican, Colombian, Argentine, Puerto Rican, etc.) _____

Other () Non Profit, Individual, Corporate Company, etc. (please specify):

I would like to receive information on Small Business Programs/Services provided by the City of San Antonio and Bexar County. () Yes () No

METHOD OF PAYMENT:

(Please circle one)

MC VISA AMEX CHECK CASH

Annual investment: \$ _____

Processing fee: \$ 25.00

Total Amount: \$ _____

Credit Card number: _____ **Expiration date:** _____

Name on credit card: _____

Applicant signature: _____ **Date:** _____

*******FOR OFFICE USE ONLY*******

Account Executive signature: _____ Date: _____

Membership Plaque was delivered: _____ Membership Directory was delivered: _____

Join Date: _____ Check #: _____ or Ref. #: _____

Sr. V.P. Member Services initials: _____ Date: _____

Date entered in ReMEMBER: _____ Customer Service Specialist initials: _____ Date: _____

Business Category Codes: Main Category _____ Sub-Category: _____

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The San Antonio Hispanic Chamber of Commerce is a non-partisan, non-profit, 501 (C) (6) organization San Antonio's resource and advocate for Hispanic Business and Hispanics in Business. Est.1929.