



SAN ANTONIO
HISPANIC
CHAMBER
OF COMMERCE



America's 1st Hispanic Chamber of Commerce



MEMBERSHIP APPLICATION

Instructions: Lines beginning with an asterisk (*) are REQUIRED fields. We recommend you fill this application to its entirety. Also recommended, listing a **MINIMUM of 2 representatives**. One employee: provide emergency contact info in line (5)

BUSINESS PROFILE:

*Company Name: _____

*Physical Address: _____

*City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

Web Site: _____

***Primary representative** (*Individual authorized to make changes to your account & receive Hispanic Chamber news*)

(Mr./Ms./ Mrs.) _____ Phone: _____

Title: _____ E-mail: _____

-Billing Representative, if different than primary: (*i.e. individual receiving statements, accounts payable*)

(Mr./Ms./ Mrs.) _____ Phone: _____

Title: _____ E-mail: _____

-Rep. listed in the Membership Directory, if different than primary: (*i.e. Sales Rep, Account Exec.*)

(Mr./Ms./ Mrs.) _____ Phone: _____

Title: _____ E-mail: _____

-Other Representatives: (List any additional representatives on a separate sheet and attach to this application.)

(1) **Owner/President/CEO Name:** _____

E-mail: _____ Phone: _____

(2) **Title/Position/Emergency (other) Name:** _____

E-mail: _____ Phone: _____

(3) **Title/Position/Emergency (other) Name:** _____

E-mail: _____ Phone: _____



***Number of employees:**

Social Networking: <https://www.facebook.com/sanantonio.hispanicchamber>

Full-time: _____

FaceBook: _____

Part-time: _____

Twitter: _____

Business Anniversary: _____

LinkedIn: _____

Annual Revenue <\$100K \$100K - \$500K \$500K - 1M \$1M - \$5M \$5M - \$10M \$10M +

***Business Category:** (i.e. How is your business listed? ---Manufacturing, Retail, etc)

List your business certifications: (i.e. 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.) _____

***Circle all that apply:**

Non-Profit

Individual

Corporate Company

Other (please specify): _____

***Brief history and description of company/organization:**

Please inform us about the companies you are interested in connecting with? Who is your target audience?

What are you looking forward to most about becoming a member of the San Antonio Hispanic Chamber?



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*****

Membership Specialist Signature: _____ Date Entered in CM: _____

Business Category: _____

Received Plaque: _____ Subscribed to Newsletter: _____

Welcome Email Sent: _____

Source: _____ ***Circle One: Board Member | Embajador**

Finance/HR Assistant Signature: _____ Date Active: _____

Check #: _____ or Invoice #: _____

Vice President of Membership Signature: _____ Date: _____

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, and it provides premiere access to the Hispanic market...est. 1929. **Fax 210.225.2485**

