



Membership Application

Hispanic Chamber of Commerce of Palm Beach County
1427 S Congress Ave, Building B
West Palm Beach, FL 33406
www.hispanicchamberpbc.com

Company name/Nombre de empresa _____ Number of Employees/Número de empleados _____

Main contact/Nombre _____ Title/Título _____

Mailing address/Dirección _____

City/State—Ciudad/Estado _____ Zip code/Código Postal _____

Phone/Teléfono _____ Fax _____ E-mail/Correo Electronico _____

Referred by/Referido por _____ Business website/Sitio web de negocios _____

Facebook/Twitter/Other (If applicable)

Please indicate your level of membership:
(Niveles de Membresía)

Executive Trustee \$2500
(Trustee members may add up to three (3) associates at no additional charge)

- 1-5 Employees \$215 (\$18 p/mth)
- 6-10 Employees \$270 (\$23 p/mth)
- 11-17 Employees \$325 (\$30 p/mth)
- 18-50 Employees \$470
- 51-100 Employees \$545
- 101+ Employees \$710

Executive Trustee Associate Members:

- | | |
|----------------------|----------------------|
| 1) Name/Nombre _____ | E-mail address _____ |
| 2) Name/Nombre _____ | E-mail address _____ |
| 3) Name/Nombre _____ | E-mail address _____ |

- Education-Public School \$165
- Education-Private School \$385
- Higher Education-Colleges \$550

- Government \$330
- Financial Institutions/Banks (Per Branch) \$385

Non-Profit

- 1-25 Employees \$165.00 (\$13.75 p/mth)
- 25-50 Employees \$275.00 (\$22.92 p/mth)
- 50 + Employees \$470.00

One-Time Processing Fee of \$25 (Required)

Total Due:

Payment Options:

- 12 monthly installments of membership dues automatically processed and will reoccur annually. ONLY available for \$165 (Non-Profit), \$215, \$270, \$275, and \$325 prices.
- One payment of membership dues reoccurring annually.

Payments will automatically generate based on yearly dues and will continue unless the Hispanic Chamber of Commerce is notified via written letter to 1427 S Congress Ave, Building B, West Palm Beach, FL 33406.

In applying for membership, I agree to abide by the By Laws of the Hispanic Chamber of Commerce of Palm Beach County.

Applicant's signature/Firma _____

Date/Fecha _____



Profile Questions and Payment Information

Company/Firm name/Nombre de Empresa: _____

Are you a Hispanic/Latino owned business? (El dueño del negocio es Hispano/Latino): Yes No
If yes to above question, what country of origin? _____

Do you conduct business in (Idioma preferido): Both Spanish & English English Only Spanish Only

Are you interested in serving on a Chamber committee? (Nuestros comités) Yes No

- Ambassador/Membership
- Marketing and PR
- Legislative Affairs
- Health Care
- Education

Would you be interested in joining a Leads Group? (Interesado en uno de nuestros grupos Leads): Yes No

- West Palm
- Western Communities
- North County
- South County

Would you like more information on sponsorship opportunities? (Quisiera más información para patrocinar un evento) : Yes No

- E-mail/Web Advertising
- Signature Events (Triunfo!, Latin American Food & Wine)
- Café con Leche/Monthly Luncheons
- Quarterly Events (New Member Orientation, Power

Credit Card Information

Name as it appears on the card: _____

Credit card number: _____

Security code: _____

Expiration date: _____

Billing zip code: _____

Signature/Firma: _____ Date/Fecha: _____

If you prefer to pay by check, please make check payable to: **Hispanic Chamber of Commerce**
Mail to: **P.O. BOX 16915, West Palm Beach, FL 33416**

For additional information, please visit www.hispanicchamberpbc.com or call 561-832-1986
Completed applications may be faxed to 561-832-1891