

MEMBERSHIP APPLICATION

Please check one:

Active Business Corporate 1 Corporate 2 Associate
Active Professional 50+ employees 50 or fewer employees

COMPANY NAME _____ ATTN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____ E-MAIL _____

CONTACT(S) 1. NAME _____ POSITION _____

PHONE/EXT _____ OTHER _____

2. NAME _____ POSITION _____

PHONE/EXT _____ OTHER _____

INDIVIDUAL

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ FAX _____ E-MAIL _____

PLACE OF EMPLOYMENT _____

CITY _____ STATE _____ ZIP _____

Please tell us how you would like to receive information: E-MAIL _____ FAX _____ MAIL _____

Annual membership level:	Associate	\$30.00
	Active Professional	\$50.00
	Active Business	\$75.00
	Corporate 2 (50 or fewer employees)	\$100.00
	Corporate 1 (50+ employees)	\$250.00

Check enclosed for \$ _____ Make check payable to: GFWHCC

Please invoice for \$ _____

**DUES ARE PAID AT THE BEGINNING OF THE CALENDAR YEAR
DUES PRO-RATED QUARTERLY FOR NEW MEMBERS**

Please see reverse side

The Greater Fort Wayne Hispanic Chamber of Commerce: Web Site Information

www.fwhispanicchamber.com

YOUR BUSINESS SHOULD BE LISTED UNDER THE FOLLOWING
CATEGORIES (Please check the one that most closely applies)

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Advertising/Marketing |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Attorney/Law Firms/Legal Resources |
| <input type="checkbox"/> Auto Manufacturing / Distribution | <input type="checkbox"/> Banks, Credit Unions & Lending |
| <input type="checkbox"/> Business Consulting | <input type="checkbox"/> Cleaning Services |
| <input type="checkbox"/> Communications Management | <input type="checkbox"/> Computers / Computer Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employee Benefits |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Export |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Food Manufacturing / Distribution |
| <input type="checkbox"/> General members (no business) | <input type="checkbox"/> Government |
| <input type="checkbox"/> Grocery Stores/Supermarkets | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Heating & Air Conditioning | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Investigations |
| <input type="checkbox"/> Manufacturing (non-food) | <input type="checkbox"/> Media / Publishing |
| <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Personal Care (example-beauty salon) |
| <input type="checkbox"/> Real Estate & Real Estate Services | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Retirement Plans |
| <input type="checkbox"/> Stock Brokers | <input type="checkbox"/> Tax Services |
| <input type="checkbox"/> Translation Services | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other _____ | |

Briefly describe your business:
