



# The Greater Dallas **Hispanic Chamber** of Commerce Membership Application

**YES!** I want to join the Greater Dallas Hispanic Chamber of Commerce and become part of the Hispanic business community's best resource.

Mr./Mrs./Ms. Name \_\_\_\_\_

Title \_\_\_\_\_

(Main Representative)

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Business Description: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Minority Status:  Hispanic  Other (Please specify) \_\_\_\_\_

Minority Certification Status: \_\_\_\_\_ (i.e.:NCTRCA, HUB, etc.)

### SMALL BUSINESS & CORPORATE ANNUAL MEMBERSHIP DUES

(please mark your appropriate business size)

<input type="checkbox"/> \$ 175.00	1 - 10 Employees – (1 rep. allowed)	<input type="checkbox"/> \$ 525.00	51 - 100 Employees – (3 reps. allowed)
<input type="checkbox"/> \$ 325.00	11 - 50 Employees – (2 reps. allowed)	<input type="checkbox"/> \$1,250.00	101- 500 Employees – (4 reps. allowed)
<input type="checkbox"/> \$2,750.00	501-1000 Employees – (5 reps. allowed) <i>please provide us with your representatives information on back of application</i>		

### INDIVIDUAL & YOUNG PROFESSIONAL ANNUAL MEMBERSHIP DUES

\$ 125.00 Individual Member (no Company affiliation)  \$ 75.00 Young Professional

NON PROFITS – 20% DISCOUNT WILL BE APPLIED

**PAYMENT METHOD:** [  ] Check enclosed [  ] Credit Card  AMEX  VISA  MC

**Dues:** \$ \_\_\_\_\_ + **\$25.00 APPLICATION FEE** **Total:** \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Referred By \_\_\_\_\_ (please make sure to let us know who to thank for your membership)

Fax your application to (214)520-1687  
or mail application and/or your payment to: GDHCC Membership Services Department  
4622 Maple Ave., Dallas, Texas 75219

# GDHCC New Member Representatives

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Company name

*Rep. 1 is the Primary representative that will be the liaison between the Chamber and your company.*

**Rep 1)**

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

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

Title: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**Billing Representative if different from primary:**

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

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

Title: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**Rep 2)**

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

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

Title: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**Rep 3)**

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

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

Title: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**Rep 4)**

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

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

Title: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**Rep 5)**

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

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

Title: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

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