



Hispanic Chamber of Commerce Silicon Valley

Membership Application

Please fill out the information below for membership with the *Hispanic Chamber of Commerce of Silicon Valley*. This information will be used as your Official Membership Information.

BUSINESS INFORMATION

Business Name: _____

Principal/Business Owner Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax: _____

Website: _____ No. of Employees: _____

Email: _____ No. of Branches: _____

Business Category Listing: _____ Key Words: _____

Directory/Category Listing(s): _____

Description of your business activities (will be used to refer customers to your business): up to 100 words:

ADDITIONAL CONTACT INFORMATION

Additional representatives from your business that you'd like to receive Chamber communications:

Name: _____ Title: _____

E-mail: _____ Phone: _____

Name: _____ Title: _____

E-mail: _____ Phone: _____

YEARLY MEMBERSHIP LEVEL

___ **STANDARD MEMBER: \$100.00** – For individuals and small businesses. Certificate of membership. Attend free workshops and business meetings. Opportunity to be in leads groups, ambassadors, chamber committees. New member welcoming via Facebook. Subscription to ACCESS magazine.

___ **EXECUTIVE MEMBER: \$500.00** - All of standard membership benefits plus; eligible to host monthly mixer. Eligible for Grand Opening & ribbon cutting. 3 Email blasts per year to promote business/events. Facebook welcoming will promote business link.

___ **CORPORATE MEMBER: \$1,000.00** - All above benefits plus, 8 email blasts per year to promote business/events. Spotlight table opportunity at a business mixer. Presenting workshop Opportunity. Eligible to include marketing materials in member orientation packets.

Additional Opportunities: ___ **Membership Plaque: \$50.00** – Upgrade to a plaque w/name engraved.
 ___ **Workshop Sponsorship: \$1,000.00** – Host a workshop. Company will partner with Hispanic Chamber to provide most up to date information to the business community.

LEVEL OF MEMBERSHIP: _____ TOTAL ANNUAL DUES: _____

I WANT TO BE AN ACTIVE MEMBER

INTERESTED IN: (CHECK ALL THAT APPLY)

	YES	NO	MAYBE
JOIN A LEADS GROUP			
BECOME AN AMBASSADOR			
HOST A MIXER IN MY BUSINESS			
PUBLIC POLICY COMMITTEE			
MIXER COMMITTEE			
WORK SHOPS & SPECIAL EVENTS			
DISCOUNT PROGRAMS ex: Office supplies			

PAYMENT INFORMATION

Payment Type: Cash Check Credit Card Other

Cardholder Name: _____ Phone: _____

Credit Card Number: _____

Expiration Date: _____ CVV Number _____ Amount to be charged: \$ _____

Billing Address: _____ ZIP CODE: _____

By signing below, you authorize Hispanic Chamber of Silicon Valley to charge a payment. You agree to pay for this membership in accordance with the issuing bank cardholder’s agreement.

Cardholder’s Signature: _____ Date: _____

When you complete this application, please return it in the following options below. We thank you for your interest in becoming a member of the **Hispanic Chamber of Commerce of Silicon Valley!** We look forward to helping grow your business.

Return this application to: info@hccsv.org

Mail to: **Silicon Valley Hispanic Chamber of Commerce**
 Attn: Membership Department
 1887 Monterey Road
 San Jose, CA 95112



Membership Department Contact:

info@hccsv.org
 Office: (408) 248-4800