



HISPANIC CHAMBER OF COMMERCE OF LOUISIANA

National Small Hispanic Chamber of the Year - 2006

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MEMBERSHIP APPLICATION

MALE _____ FEMALE _____

FULL NAME: _____

COMPANY: _____

INDUSTRY: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

OFFICE PHONE: _____

OFFICE FAX: _____

PAGER: _____ CELL: _____

WEBSITE: _____

E-MAIL: _____

Name(s) of Key Representatives: _____

Directory Listing Information: _____

Describe your products and/or services: _____

Special HCCL Interests and Comments: _____

Signature _____

DATE APPLIED: ____/____/____

DATE ACCEPTED: ____/____/____

MEMBERSHIP CATEGORIES:

- PLATINUM LEVEL
- GOLD LEVEL
- BENEFACTOR
- LARGE CORPORATION
50 + EMPLOYEES
- MID SIZE COMPANY/CORPORATION:
21 - 49 EMPLOYEES
- SMALL COMPANY/CORPORATION:
6 - 20 EMPLOYEES
- INDIVIDUAL/MICRO-BUSINESS:
1 - 5 EMPLOYEES
- SMALL NON-PROFIT ORGANIZATION:
LESS THAN 10 EMPLOYEES
- TEACHER, RETIRED BUSINESS PERSON,
OR SENIOR CITIZEN (AGE 60 +)
- STUDENT W/ VALID STUDENT ID
- SPECIAL JOINT MEMBERSHIP WITH HCCL
& N. O. CHAMBER OF COMMERCE
 - ◆ INDIVIDUAL/MICRO BUSINESS
 - ◆ SMALL COMPANY/CORPORATION

PLEASE CONSULT WITH HCCL OFFICE FOR INFORMATION ON DUES.

Year Business Established: _____

Hispanic Majority Owned: Yes No

Dollar Volume: _____

Number of Employees: _____

**PLEASE REMIT TO: HCCL
P.O. BOX 58031 NEW ORLEANS, LA 70158**

PAYMENT INFORMATION:

- CHECK PAYABLE TO: **HISPANIC CHAMBER OF COMMERCE OF LOUISIANA OR "HCCL"**
- PAYMENT WITH CREDIT CARD: VISA • Master CARD • DISCOVER • American Express

INFORMATION AS IT APPEARS ON CARD:

NUMBER _____ EXP. DATE _____

PRINTED NAME _____ SIGNATURE _____

BILLING ADDRESS _____ CITY, STATE, ZIP CODE _____

I'd like to serve on a committee: YES No

- EDUCATION
- EVENTS/LUNCHEONS/SEMINARS
- FINANCE
- FUNDRAISING
- INTERNATIONAL
- MEMBERSHIP
- NETWORK & OTHER MEETINGS
- PUBLIC AFFAIRS
- PUBLICATIONS