



Connecting you to the Greater Quad Cities Latino Community!

Membership Application to the Greater Quad Cities Hispanic Chamber of Commerce

Company _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____ Website _____

Primary Contact & Title _____

Direct Phone/E-mail _____

Secondary Contact & Title _____

Direct Phone/E-mail _____

Human Resources Contact, Title(s), Direct Phone & E-mail(s): _____

Additional Representative(s), Title(s), Direct Phone & E-mail(s): _____

Number of Full-Time Employees _____ Number of Part-Time Employees _____

Business Categories _____

Date Company Founded _____ Date Joined _____

Chamber member that referred you _____

Billing Address (if different than above) _____

The undersigned hereby makes application for membership in the Greater Quad Cities Hispanic Chamber of Commerce and, in consideration of this application being accepted, agrees to pay the membership fee of _____ per annum. It is understood and agreed that this membership shall be continuous each year and that resignation will be made by written notice to the Board of Directors.

Signed _____ Date _____

Membership Fee _____ Check enclosed () Cash enclosed () Invoice ()

Office use only

Chamber Staff _____ Date _____ Invoice _____ Email _____ Pack _____