



Membership Application

Business Name: _____

Rep./Contact: _____ Title: _____

CORPUS CHRISTI
HISPANIC CHAMBER OF COMMERCE
A NEW WAVE OF OPPORTUNITY

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ Website: _____
(If different)

Phone: () _____ Fax: () _____ E-mail: _____

Preferred Communication Phone Fax E-mail Mail

No. of Employees: _____ Full Time _____ Part Time _____ SIC Code: _____

Type of Business: Retail Service Wholesale Manufacturer Other

Minority Owned: Yes No

Woman Owned: Yes No

Business Category: _____

Membership Investment Schedule:	Employees	Voting Representatives	Annual Investment
<input type="checkbox"/> 1 - 5		1	\$300.00
<input type="checkbox"/> 6 - 10		2	\$350.00
<input type="checkbox"/> 11-15		2	\$400.00
<input type="checkbox"/> 16-20		3	\$450.00
<input type="checkbox"/> 21-25		3	\$500.00
<input type="checkbox"/> 26-50		4	\$600.00
<input type="checkbox"/> 51-100		5	\$1,000.00
<input type="checkbox"/> 100-149		6	\$1,200.00
<input type="checkbox"/> 150 +		6	\$1,500.00 + \$5.00/employee

Authorized Signature

Date

Please circle one: **Check, MasterCard, Visa & American Express**

Card number _____ Exp. Date _____

Name, as it appears on card _____ Amount Paid _____

Billing Address _____ Check Number _____

Mail this form and your check to: Corpus Christi Hispanic Chamber of Commerce, PO Box 5523, Corpus Christi, Texas 78465

FOR OFFICE USE ONLY

Sales Representative _____

Company Profile

Company Information

Type of Company: _____ Tax ID #: _____
Legal Structure: _____ Private Public
Date Established: _____ Home Based: Yes No
of FT Employees: _____ Areas Served: Local
of PT Employees: _____ State
of Locations: _____ Regional
Hours Open: _____ National
Fees/Rates: _____ International

Awards and Certificates

Awards: _____

Certifications: _____

Bonding Capacity

\$ _____ Subdivision \$ _____ Bid
\$ _____ Contract and Performance \$ _____ Supply
\$ _____ Labor and Materials \$ _____ Court
\$ _____ License and Permit
\$ _____ Other

Minority/Woman/Disadvantaged Business Enterprises

Certifications Held

Minority Owned: Yes No HUB Other
Woman Owned: Yes No 8a MBE
Disabled Veteran: Yes No WBE QISV
Principle Owner is: Male Female DBE
US Citizen/Legal Resident: Yes No
Ethnicity: _____
Nationality: _____

Procurement and Business Opportunities

Last Year's Gross Annual Sales

Seeking business opportunities with Sales and/or Services: _____
 Public Entities Local Government Construction Only: _____
 Corporate America State Government
 Local Business Federal Government
Preferred Contract Maximum: _____
Preferred Contract Minimum: _____