



MEMBERSHIP APPLICATION

Company Name:
First Name:
Last Name:
Website:
Address:
Email:
City:
Business Phone:
State:
Membership Type:
Zip:
Type of Company:

- Please check this box to allow the Chamber to use your company logo.**

Annual Membership (check one):

- | | |
|--|------------------------|
| <input type="checkbox"/> Startups/Microenterprise (1-10 employees) | \$100 |
| <input type="checkbox"/> Small business (11-100 employees) | \$200 |
| <input type="checkbox"/> Midsize Businesses | \$500 |
| <input type="checkbox"/> Corporate (201+ employees) | \$2,000 |
| <input type="checkbox"/> Government and Educational Institutions | \$500 |
| <input type="checkbox"/> Non-profits | \$150 |
| <input type="checkbox"/> 2018 Scholarship Recipients | 1-year free membership |

Benefits:

- Listing in the Hispanic Chamber printed membership list
- Listing on the Hispanic Chamber website
- Monthly electronic newsletters/announcements
- Hotlink to your website
- Hotlink to your email address
- Reduced rates for luncheons, dinners, and other events
- Opportunity to have an information table once a year at a luncheon event
- Opportunity to use the Hispanic Chamber classroom, as available
- Opportunity to receive an electronic file of members for your promotions
- Opportunity to network with large and small firms throughout the region
- Increased visibility in the Latino and greater communities

Are you interested in offering discounts to Hispanic Chamber members for your products and/or services?

If so, please describe:

Please make checks payable to:
Mail to:

Hispanic Metropolitan Chamber
PO Box 1837
Portland, OR 97207