



1624 "K" Street
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Merced, CA 95344
(209) 384-9537 Office
(209) 723-5051 Fax
Website: www.mercedhcc.com
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Membership Application

Name of Associate/Individual: _____
 Name of Company: _____
 Contact Person with Company: _____
 Street Address: _____
 Mailing Address: _____
 City: _____ State: _____
 Type of Business/Service: _____
 Number of Employees: _____
 Telephone Number: (_____) _____ Fax Number: (_____) _____
 E-Mail: _____
 Website: _____

Would you be interested in serving on a Chamber Committee? Yes _____ No _____
 If yes, which one(s):

Business Journal _____ Marketing/Membership _____ Special Events _____
 Special Projects _____ Finance _____

Would your company offer a discount of your products/services to the Chamber Membership?
 Yes _____ No _____ Percentage Discount _____%

Membership Rates

- Associate * \$ 50.00
- Individual ** \$ 50.00
- Company (1-5 Employees) \$ 100.00
- Company (6-9 Employees) \$ 150.00
- Company (10-19 Employees) \$ 175.00
- Company (20-49 Employees) \$ 250.00
- Company (50 or more Employees) \$ 500.00
- Corporate Sponsor (Ask Hispanic Chamber for details)

Non-Profit Membership is 50% of Private for Profit Membership.
 Provide Employer Identification Number if you're a Non-Profit _____

* Associate is recognized as an individual of an existing HCC company membership.
 ** Individual is recognized as an individual only, not a business, listed as an individual