



## ANNUAL MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Business Name:

Business Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Website Address:

Type of Business:

Number of Employees:

Type of Ownership:

Years in Business:

Minority Owned: YES/NO

Description of Business:

Membership Sponsored By:

### SIGNATURES

By signing this application, I agree to abide by the Bylaws of the HCCCP.

Signature of Applicant:

Date:

### MEMBERSHIP CATEGORIES AND FEES

Please circle one:

New Application

Renewal

Dues: **1-50** Employees = \$150 per year, **51-100** Employees = \$300 per year, **100+** Employees = \$450 per year

Present this application to the Board of Directors or mail it to:  
 Hispanic Chamber of Commerce of Central Pennsylvania  
 2023 North Second Street, Harrisburg, PA 17102  
 Please make checks payable to HCCCP.