

LONG ISLAND HISPANIC CHAMBER OF COMMERCE, Inc.
MEMBERSHIP APPLICATION 2017

GENERAL INFORMATION:

Firm Name: _____ Date: _____

Principal Representative: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Nassau Suffolk Other

Business Phone: _____ Business Fax: _____ Cell Phone: _____

E-mail: _____ Web Address: _____

Type of Business (Describe Products or Service): _____

Year Established: _____ # of Employees: _____

Classified Heading preferred in Membership Directory: _____

How did you hear about the LIHCC? _____

Additional Rep to Keep in Loop: _____ Email: _____

COMMITTEE INVOLVEMENT:

Yes! I am interested in becoming an active member on the following committee(s):

Membership Scholarship Latina Hat Luncheon
Annual Gala Awards Holiday Toy Drive Journal/Advertising
Other: _____

RECOMMEND A FRIEND

Thank you for your interest in joining LIHCC. If you know anyone else who would like information about the benefits of membership, please let us know.

Name: _____

Company: _____

Telephone: _____

E-mail: _____

REGISTER NOW BY CHECK OR CREDIT CARD

Mail to 522 Grand Blvd. Westbury, NY 11590 or Email to admin@lihcc.org

Check enclosed Check Forthcoming Charge my credit card:

Name: _____

Credit Card # _____

Expiration Date: _____ CVV: _____ Zip Code: _____

Signature: _____

Small Business (employing less than 50 people) --\$500

Mid-Size Business (employing 51 – 100 people) -- \$ 750

Corporate (employing more than 101 people) --\$1,000