

**LONG ISLAND HISPANIC CHAMBER OF COMMERCE, Inc.**  
**MEMBERSHIP APPLICATION 2016**

**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](mailto:admin@lihcc.org)

Check enclosed     Check Forthcoming     Charge my credit card:

Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 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