



# MEMBERSHIP APPLICATION

The Cen-Tex Hispanic Chamber of Commerce Staff and Board of Directors look forward to promoting your interests and connecting you to Hispanic consumers and Central Texas community partners.

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

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

Mailing Address: \_\_\_\_\_

Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Primary Business Classification/Description of Services or Products: \_\_\_\_\_

Please choose appropriate membership level:

\_\_\_ Small Business \$100 \_\_\_ Corporate Business \$225 \_\_\_ Non-Profit Agency \$75

\_\_\_ Individual Supporter \$50 \_\_\_ Student (age 18-25) \$25 \_\_\_ Senior (age 65+) \$25

Main Contacts Person(s) for marketing opportunities and special event notices:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Referred By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT FORM & PAYMENT BY MAIL**  
Cen-Tex Hispanic Chamber of Commerce  
915 LaSalle Ave, Waco, TX 76706

**SUBMIT FORM & PAYMENT ELECTRONICALLY**  
Scan to: [christina@wacohispanicchamber.com](mailto:christina@wacohispanicchamber.com)  
Call 254-754-7111 with Visa or MasterCard