



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: lvon@wacohispanicchamber.com
Call 254-754-7111 with Visa or MasterCard