



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 in the Central Texas community.

Please email a high-resolution logo to **Nelissa Davalos** at nelissa@wacohispanicchamber.com

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Company Name: _____

Mailing Address: _____
Address Street Apartment/Unit #

City State ZIP Code

Tax ID #: _____

Phone: _____ Email: _____

Web Address: _____

Description of Goods & Services: _____

Annual Membership Levels

Please choose appropriate membership level: (dues are valid for a one one-year period after date of approval, investment is non-refundable)

Legacy Investor - \$2,500 Corporate Business - \$300 Standard Investor - \$150

Non-Profit Agency - \$100 Individual Supporter - \$50

Number of Employees: _____ Are you interested in a Ribbon Cutting? _____

Applicants Signature

Referred By: _____

Signature: _____ Date: _____