



MEMBERSHIP APPLICATION

Date: _____

Personal Information:

Title (Mr., Mrs., Ms., Dr. etc.): _____ First Name: _____ Last Name: _____

DOB (MM-DD) _____ Mailing Address: _____
Home, Apt., Suite # Street City State Zip

Home Phone #: _____ Mobile Phone #: _____

Email Address: _____

Business Information:

Business Name: _____ Since [YYYY]: _____

Business Address: _____
Office Building Suite # Street City State Zip

Business Phone #: _____ Business Mobile #: _____ Business Fax #: _____

Business Email: _____ Business Web Site: _____

Interested in helping with committee:

- Economic Development & Small Business
- Membership
- Finance (Funds-Raising)
- International Trade
- Education
- Health Issues
- Women's Issues
- Cultural Issues & Events
- Public Relations
- Legislative & Governmental Affairs

Small Business Membership Annual Dues:

- | | | |
|---|---------------|----------|
| <input type="checkbox"/> Employee 1 | Dues \$120.00 | Reps - 1 |
| <input type="checkbox"/> Employee 2-5 | Dues \$180.00 | Reps - 1 |
| <input type="checkbox"/> Employee 6-25 | Dues \$240.00 | Reps - 1 |
| <input type="checkbox"/> Employee 26-5 | Dues \$300.00 | Reps - 2 |
| <input type="checkbox"/> Education 51-75 | Dues \$420.00 | Reps - 2 |
| <input type="checkbox"/> Education 76-100 | Dues \$525.00 | Reps - 2 |
| <input type="checkbox"/> Education 101+ | Dues \$600.00 | Reps - 2 |
| <input type="checkbox"/> Non Profit/Gov. Agency | Dues \$250.00 | Rep - 1 |

Business is:

- Minority Owned Business
- Woman Owned Business

If minority, which ethnicity?:

- Hispanic
- Asian
- African-American
- Native-American
- Other

Personal Membership Annual Dues:

- Individual Dues \$75.00
- Student Dues \$25.00
- Retired Dues \$25.00

Make checks payable to: DRHCC
 Mail Application to:
 Del Rio Hispanic Chamber of Commerce
 c/o Director of Membership
 P.O. Box 1936
 Del Rio, TX 78841