

Membership Application



Thank you for your investment in Pueblo's most dynamic business organization...the Latino Chamber of Commerce!

Company Information: (Please complete all sections)

Company Name: _____ Date Established: _____
Company Address: _____ Full Time Employees: _____
City: _____ State: _____ Zip: _____ Part Time Employees: _____
Phone: _____ Fax: _____ Minority Owned ____ Yes ____ No
Email: _____ Woman Owned ____ Yes ____ No
Web Address: _____ Membership Referred by: _____
Product/Service(s): _____

Primary Contact Information: (This individual will be listed in the directory and receive all information)

Name: _____ Title: _____
Email: _____ Primary Phone: _____
Mobile: _____ Fax: _____
Company Address: _____ Billing Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Additional Representatives: (Please see reverse side for additional fee information)

Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____
Name: _____ Email: _____ Phone: _____

*Membership dues are paid annually from the time of activation
Membership includes the entire company and all employees are welcome to participate in activities and committees*

Reasons for Joining: (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Community Visibility/Name Recognition | <input type="checkbox"/> Sponsorship Opportunities |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Workers' Compensation Insurance | <input type="checkbox"/> Mini Web Site |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> Membership Directory Listing | <input type="checkbox"/> Marketing Your Business |
| <input type="checkbox"/> Latino Chamber Affiliation | <input type="checkbox"/> Programs and Events | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Communication/Information on business topics | | |

Membership Investment Levels: (Based on number of full time employees)

- | | |
|---|---|
| <input type="checkbox"/> Government Member..... | \$11,000 |
| <i>Local or state Government Entities</i> | <i>1 key and 9 additional representatives</i> |
| <input type="checkbox"/> Major Corporate Member..... | \$2,050 |
| <i>Over 75 Full Time Employees</i> | <i>1 key and 9 additional representatives</i> |
| <input type="checkbox"/> Corporate Member..... | \$750 |
| <i>Up to 75 Full Time Employees</i> | <i>1 key and 2 additional representatives</i> |
| <input type="checkbox"/> Additional Corporate Business Ownership..... | \$250 |
| <i>Multiple Businesses</i> | <i>1 key representative</i> |
| <input type="checkbox"/> Small Business & Professional Membership..... | \$205 |
| <i>Up to 35 Full Time Employees</i> | <i>1 key representative</i> |
| <input type="checkbox"/> Additional Small Business..... | \$135 |
| <i>Multiple Businesses</i> | |
| <input type="checkbox"/> Non-Profit Member..... | \$110 |
| <i>Non-Profit Agency</i> | <i>1 key representative</i> |
| <input type="checkbox"/> Individual Member..... | \$90 |
| <i>Community Individual - not representing any organization or company</i> | <i>1 key representative</i> |
| <input type="checkbox"/> Individual Associate Member..... | \$70 |
| <i>Retired from remunerative service, military personnel, clergy (non-voting)</i> | |
| <input type="checkbox"/> Student Member..... | \$45 |
| <i>Full time student (non-voting)</i> | |

Payment Information: (Please indicate your method of payment)

- I would like to add an additional representative(s) for \$50 Number of add. reps: _____ X \$50 = \$ _____
- I would like to add a premium listing to my membership for the year!.....\$ _____
 (Small bus.=\$150, Non-Profit=\$100, Major Corp/Corp=\$200)

- Please invoice me
- Please find my check enclosed
- Please process payment on my credit card

_____ Visa _____ Master Card _____ Discover _____ American Express

Card Holder Name: _____

Card Number: _____

Expiration Date: _____

Card Billing Address: _____

Authorized Signature: _____

Please submit membership application to the Latino Chamber of Commerce of Pueblo, Inc.
 215 South Victoria Avenue * Pueblo, CO 81003
 Phone: (719) 542-5513 * Fax: (719) 542-4657
membership@pueblolatinochamber.com * www.pueblolatinochamber.com