



E L P A S O  
**HISPANIC**  
CHAMBER OF COMMERCE

Advocating for Your Business Success.

# MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_  
 Business Industry: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Primary contact: \_\_\_\_\_ title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Secondary contact: \_\_\_\_\_ title: \_\_\_\_\_  
 Email: \_\_\_\_\_

Business established in: \_\_\_\_\_  
 Legal Structure [circle one]: Sole Proprietor Partnership LLP LLC S-Corp C-Corp Other  
 Minority Owned? Yes No Home Based Business? Yes No  
 Women Owned? Yes No Family Owned? Yes No  
 Veteran Owned? Yes No Disabled Veteran Owned? Yes No  
 Ethnicity [circle one]:  
 Hispanic African American Asian Pacific Indian White Asian Indian Other  
 Circle Owner's Age: 20-30 30-40 40-50 50-60 60-over  
 Certifications held [circle all that apply]:  
 HUB 8a WBE DBE MBE WOSB Other: \_\_\_\_\_

## MEMBERSHIP INVESTMENT [dues are for a one year period, from date of inception and investment not refundable]

<input type="checkbox"/>	Basic Membership	\$400
<input type="checkbox"/>	Growth Membership	\$550
<input type="checkbox"/>	Executive Membership	\$750

Payment Type: Check \_\_\_\_\_ CC# \_\_\_\_\_  
 Cash \_\_\_\_\_ Billing address \_\_\_\_\_  
 CC \_\_\_\_\_ Expiration Date \_\_\_\_\_

Staff Liaison: \_\_\_\_\_ Date Sold: \_\_\_\_\_

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