



Hispanic

Chamber of Commerce
of East Tennessee

New Member Application & Information

(Please print or type)

Business or Person's Name: (Use the name you want to be known as and as it will appear in the Membership Directory and on the website)

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____ E-mail address: _____

Website: _____ Don't publish Fax E-mail Preferred Method of Communication: Mail E-mail Fax

If you prefer not to receive faxes, check here:

Number of Employees: _____ Full Time _____ Part Time _____ (Please note that two part-time employees are equal to one full-time employee)

Date Business was Established: ____/____/____

SIC Code (Standard Industrial Classification. If not known, leave blank or look up at www.siccode.com) _____ Others (if applicable): _____

Check one: Construction Distribution Mining Transportation Communications/Utilities

Manufacturing Wholesale Retail Services Other

Engineering & Technology Development FIRE (Finance, Insurance, Real Estate)

Check one or more (if applicable): Female Owned Minority Owned Home Based

Type of Organization (check one): Corporation Partnership Sole Proprietorship LLC Non-Profit Other

If Corporation: Publicly Held Privately Held

Government Contractor: Local State Federal Check one or both (if applicable): Exporter Importer

Description of Products and Services: _____

Reason for Joining: _____

Referred by: _____

Name and title of person to be designated as **Primary Member** to receive mailings and other correspondence:

(Primary and Secondary Members will be listed as contacts in the Partnership's Business Directory)

(Circle): Mr. Mrs. Ms. _____ Title: _____ Fax (if different from above): _____

E-mail: _____ Preferred Web Username/Password: _____

Secondary Member: (Circle): Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address (if different from main address): _____ Preferred Web Username/Password: _____

Key Personnel: Local key executives or officers (We will treat personal addresses confidentially. If address is different from address above, please specify)

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Address (If different from main address) : _____

(Circle) Mr. Mrs. Ms. _____ Title: _____ E-mail: _____

Other local executives with these responsibilities:

Sales/Marketing: _____ Title: _____ E-mail: _____

Address (If different from main address) : _____

H/R Personnel: _____ Title: _____ E-mail: _____

Address (If different from main address) : _____

Investment Levels

Total Number of Employees	Investment Level
Individual	\$ 95.00
1-25	\$ 175.00
26-100	\$ 225.00
Over 100	\$ 375.00
Non-Profits	\$ 125.00

Check enclosed Credit Card

100 % of membership investment is tax deductible as a business expense.

Note: Two part-time employees equal one full-time

Annual Investment based on _____ full-time equivalent employees: _____

Processing Fee: _____

Total: _____

Payment Method: Check enclosed Invoice* Credit Card

Visa/MasterCard/American Express Account: _____ Expiration Date: _____

Authorized Representative: _____ Signature: _____