



MCHCC Office Use Only
Date Received:
Date Paid:
Added to Website:
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Ribbon Cutting:
Mixer Scheduled:

Merced County Hispanic Chamber of Commerce Membership Application

Application must be filled out completely in order to be accepted. PLEASE PRINT.

Sponsor _____

Name of Business _____

Name of Contact Person _____

Type of Business/Service _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Number of Employees 1-5 6-9 10-19 20-49 50+

Phone (____) _____ Fax (____) _____ Other (____) _____

E-Mail(s) _____

Business Website _____

Social Media Site(s) _____

Would you like to be on the MCHCC email list? Yes _____ No _____

Do you want to be on the MCHCC website? Yes _____ (If yes provide a logo in jpg) No _____

Would you be interested in serving on a Chamber Committee? Yes _____ No _____

If yes, which one(s):

Marketing/Membership _____ Special Events _____ Special Projects _____ Finance _____

Social Media _____ Scholarship _____ Ambassador _____ Website _____

Would your business offer a discount of your products/services to other Chamber Members?

Yes _____ No _____ Percentage Discount _____ %

Membership Rates

- Associate** \$ 50.00
- Individual *** \$ 50.00
- Company (1-5 Employees) \$ 100.00
- Company (6-9 Employees) \$ 150.00
- Company (10-19 Employees) \$ 175.00
- Company (20-49 Employees) \$ 250.00
- Company (50 or more Employees) \$ 500.00

Non-Profit Membership is 50% off of normal membership rates

** Associate is recognized as a Student over the age of 18.

*** Individual is recognized as an individual only, not a business.

Signature

Date

NOTE: Use of Chamber logo/name for commercial purpose - A member may not use the Merced County Hispanic Chamber of Commerce Logo, nor the Chamber's name, for any commercial purpose without Chamber Board of Directors approval.

Merced County Hispanic Chamber of Commerce
Credit Card Authorization Form

I, _____, authorize the Merced County Hispanic Chamber of Commerce to charge my credit card for membership payment.

VISA OR MASTERCARD ONLY. For services rendered. Not to exceed the amount shown.

CREDIT CARD # _____

EXPIRATION DATE _____

CARD CV2# _____

TOTAL AMOUNT \$ _____

NAME ON CARD _____ (As it appears on card)

BILLING ADDRESS _____

CITY _____

ZIP CODE _____

SIGNATURE

DATE

EMAIL, FAX OR MAIL TO:
Merced County Hispanic Chamber of Commerce
P.O. Box 2246
Merced, CA 95344
(209) 384-9537 Office
(209) 384-0934 Fax
info@mercedhcc.com

Yes, I would like my receipt sent via email. **Please provide an email address**

DO NOT WRITE BELOW. COMPANY USE ONLY.
NOTES:

