

PLEASE COMPLETE AND RETURN WITH PAYMENT
HISPANIC CHAMBER OF COMMERCE OF WISCONSIN (HCCW)
1021 WEST NATIONAL AVENUE
MILWAUKEE, WISCONSIN 53204

Recognizing the importance of being identified as a member of the Hispanic Chamber of Commerce of Wisconsin, Inc., I (we) submit this application for membership.

Name & Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone _____ Fax _____

Email _____ Website _____

Membership Category (circle one): A B C D E F G H I Amount Enclosed: _____

Type of Business: _____

Year Established/Incorporated: _____

Key Products or Services: _____

Hispanic Owned Business: No () Yes ()

Minority Business Certification: No ()
Yes () By (Specify): _____

Signature: _____ Date: _____

***A membership @ \$150.00 is allowed one (1) alternate representative. Corporate memberships are allowed two (2) alternates. Please identify your alternate(s) if so desired.**

Alternate Information:

Name & Title _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____ Website _____

*Member of the United States Hispanic Chamber of Commerce
*1988 - U.S. Hispanic Chamber of the Year
*1994, 1996, through 2007 - Region 4 Hispanic Chamber of the Year
2005 National Hispanic Chamber of Commerce