



EAST VALLEY HISPANIC  
chamber of commerce

**MEMBERSHIP APPLICATION**  
**EAST VALLEY HISPANIC CHAMBER OF COMMERCE**  
**480.223.0157      evhcc.org**

Membership Level	<input type="checkbox"/> \$195/Year	<b>Individual Member</b> <i>(for individuals or businesses with 1 to 3 employees)</i>
	<input type="checkbox"/> \$395/Year	<b>Small Business Member</b> <i>(for individuals or businesses with 4 to 15 employees)</i>
	<input type="checkbox"/> \$995/Year	<b>Corporate Member</b> <i>(for individuals or businesses with 16 or more employees)</i>
	<input type="checkbox"/> \$495.00/Year	<b>Non-Profit</b>

**APPLICATION INFORMATION**

Date applied \_\_\_\_\_

Business Name \_\_\_\_\_ No. Employees \_\_\_\_\_ Industry \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Services Offered \_\_\_\_\_

**PAYMENT METHOD**

Check # \_\_\_\_\_ Credit Card \_\_\_\_\_  MC  Visa  Amex

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Checks payable to East Valley Hispanic Chamber of Commerce  
Send completed forms to Martin F. Rios, Director of Membership [martinfrios@evhcc.org](mailto:martinfrios@evhcc.org)  
East Valley Hispanic Chamber of Commerce, 215 N. Robson Street, Mesa AZ 85201