



## MEMBERSHIP APPLICATION

### CONTACT INFORMATION

TITLE		NAME	
ADDRESS			
PHONE	CELL PHONE	E-MAIL	

### BUSINESS INFORMATION

BUSINESS NAME (or DBA)			
ADDRESS (If different from personal address)			
PHONE	FAX	E-MAIL	
WEBSITE			
TYPE OF BUSINESS	YEAR ESTABLISHED	ANNUAL REVENUE \$	
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATOIN <input type="checkbox"/> OTHER:		# OF EMPLOYEES (+Self) FT:	INDUSTRY:
		PT:	

### MEMBERSHIP DUES

<b>Ambassador Level 1</b>		<b>Chairman Level 2</b>	
<input type="checkbox"/> STUDENT (With Valid Student ID)	\$ 50	<input type="checkbox"/> 2-20 EMPLOYEES	\$ 250
<input type="checkbox"/> INDIVIDUAL	\$ 120	<input type="checkbox"/> 21-50 EMPLOYEES	\$ 500
<b>Leadership Level 3</b>		<b>Presidential Level 4</b>	
<input type="checkbox"/> NON-PROFIT ORGANIZATION	\$ 500	<input type="checkbox"/> 51-99 EMPLOYEES	\$ 2,000
<input type="checkbox"/> ELECTED OFFICIAL/ GOVERNMENT/MUNICIPALITY		<input type="checkbox"/> 100+ EMPLOYEES	\$ 5,000
<b>Champion Level 5:</b> (Designate an amount above the Presidential Level that your business can contribute comfortably) \$ _____			

### PAYMENT INFORMATION

<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH	Total \$																												
CREDIT CARD	CARD HOLDER NAME	<b>AUTHORIZED AMOUNT</b>																												
<input type="checkbox"/> VISA		\$																												
<input type="checkbox"/> MASTERCARD	CARD NUMBER	EXP DATE (MM/YY)	CVV																											
<input type="checkbox"/> DISCOVER	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>			

#### AUTHORIZATION OF CARD USE OF ONE-TIME PAYMENT

Before we can process your payment, please initial the two lines below.

\_\_\_\_\_ I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.

\_\_\_\_\_ I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

SIGNATURE	DATE
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**Email your completed application to us at [info@hmongchamber.com](mailto:info@hmongchamber.com), Subject Line: Membership Application\_Business Name**