

Membership Application



GEORGIA HISPANIC
Chamber of Commerce

Please complete this form and
email it to Juanita Rivera at
jriversa@ghcc.org

For questions or comments
call: (404) 929-9998
ext 228

Mall this form and check
made payable to
Georgia Hispanic
Chamber of Commerce.

270 Peachtree St. NW.
Suite 2200
Atlanta, GA 30303

Company Name: _____

Primary Contact / Representative # 1: _____

Work Phone: _____

Title: _____

Personal Email: _____

M/D/Y
D.O.B: _____

Cell Phone: _____

Current Address: _____

Suite: _____

City: _____

State: _____

ZIP Code: _____

County: _____

Website: _____

Facebook Page: _____

Linkedin: _____

Type of Business: _____

Hispanic Owned
Business: Y / N

Number of Employees: _____

Work Email: _____

Fax: _____

Nationality: _____

Is your Business certified? Y / N

Company Description for our Directory: _____

Does your company have a Spanish speaking contact? Y / N

Referred by: _____

Date Business
was established: _____

Do you conduct Business outside
of the USA? Y / N

Membership Type (12 months)

\$250 - 2 Representatives

- Small Business
- Professionals
- Non-Profit

\$3,000

5 Representatives

\$5,000

7 Representatives

\$500

3 Representatives

\$10,000

10 Representatives

\$1,500

4 Representatives

\$100 - 1 Representative
HYPE Young Professional
/College student

Representative #2

Name: _____

Title: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Representative #3

Name: _____

Title: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Payment Information

Membership Type: _____

Total Amount Due \$ _____

Name of Card Holder: _____

Card Number: _____

Security Code: _____ Exp. Date: _____

Billing ZIP Code: _____

Signature of Applicant: _____

Date: _____

Representative #4

Name: _____

Title: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Address: _____

Representative #5

Name: _____

Title: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Address: _____