



# ROSWELL HISPANO CHAMBER OF COMMERCE MEMBERSHIP APPLICATION FORM



Date: \_\_\_\_\_

- Please contact me with more information on how RHCC can help my business.  
 Yes, I would like to become a member.

BUSINESS NAME			
TYPE OF BUSINESS			
ADDRESS (STREET OR BOX #):	CITY:	STATE:	ZIP:
Name and Title of Principal Representative:			
Website Address:			
Office and/or Cell Phone #:	E-Mail Address:		

COMMITTEES (Please check committee(s) boxes below on those that you would be interested in serving on.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Education Committee          | <input type="checkbox"/> Economic Development Committee | <input type="checkbox"/> Membership Committee       |
| <input type="checkbox"/> Cultural Committee           | <input type="checkbox"/> Public Relations Committee     | <input type="checkbox"/> Special Projects Committee |
| <input type="checkbox"/> Government Liaison Committee | <input type="checkbox"/> Finance Committee              |   |

**“MEMBERSHIP MEANS BUSINESS”**

If you are interested in becoming a member, please check below for membership fees. Make check payable to the Roswell Hispano Chamber of Commerce. Mail or drop off at:

RHCC  
327 N. Main St.  
Roswell, NM 88201

Number of Employees	Investment Fee	Number of Employees	Investment Fee
<input type="checkbox"/> Individual-----	\$ 75.00	<input type="checkbox"/> 41-50-----	\$ 450.00
<input type="checkbox"/> Nonprofit Groups-----	\$ 100.00	<input type="checkbox"/> 51-60 -----	\$ 525.00
<input type="checkbox"/> 1-10 -----	\$ 150.00	<input type="checkbox"/> 61-70-----	\$ 600.00
<input type="checkbox"/> 11-20-----	\$ 225.00	<input type="checkbox"/> 71-100-----	\$ 675.00
<input type="checkbox"/> 21-30-----	\$ 300.00	<input type="checkbox"/> 101 & over-----	\$1,000.00
<input type="checkbox"/> 31-40-----	\$ 375.00		

If you have any questions or need additional information, please call the RHCC Office at 575-624-0889.

***For Official Use Only***

Membership Recruited by: \_\_\_\_\_ Initials \_\_\_\_\_.

Payment received by RHCC: \$ \_\_\_\_\_ Payment received on: \_\_\_\_\_ (Date)

***(Indicate Source of Payment by Checking One of the Following Sources)***

[ ] Check (# \_\_\_\_\_ Dated \_\_\_\_\_ ) [ ] Money Order (# \_\_\_\_\_ Dated \_\_\_\_\_ )

[ ] Cash [ ] Credit Card (Type: \_\_\_\_\_ ) [ ] Other ( \_\_\_\_\_ )