

**HISPANIC CHAMBER OF COMMERCE OF NEBRASKA
MEMBERSHIP APPLICATION**

Please return the application to the Executive Director of the Hispanic Chamber of Commerce of Nebraska
4827 South 24th St., Stop code 5924 Omaha, NE 68107
Phone (402) 952-5909 Cell: (402)850-0968 Fax: (402)952-5915



Application No _____

Date: _____

New

Renewal

Institution

Professional

INSTITUTION OR PROFESSIONAL INFORMATION

Institution or professional Name: _____
 Authorized Representative: _____
 Address: _____
 City: _____ Estate: _____ Zip Code: _____ Country: _____
 Phone: _____ Fax: _____ Cellular: _____
 General e-mail _____ Personal e-mail _____
 Website: _____

BRIEF DESCRIPTION OF THE BUSINESS (If applicable)

Business Sector : _____ Year Established _____
 Number of Employees: _____ Total Income per year: _____

Please make a brief description of the products and/or services offered by your company to the community:

DESCRIPTION OF YOUR PROFESIONAL ACTIVITIES AND SKILLS

If you are an employee : Position which you have in the company (Title): _____
 If you are self-employed, please describe the programs and services offered by your company: _____

What skills and /or contributions can you offer to the community?

PAYMENT METHOD

Check _____ Credit Card _____ Cash _____
 Check Number _____ Kind: _____
 Bank _____ Expiration Date _____
 Value: _____ Value: _____ Value: _____

Signature: _____