



HISPANIC BUSINESS ASSOCIATION INTERNATIONAL MEMBERSHIP APPLICATION

SEND CHECK OR MONEY ORDER TO:
MEMBERSHIP APPLICATION
P.O. BOX 2367
ANAHEIM, CA 92814-2367
(714) 776-6265

MEMBERSHIP
OFFICE USE ONLY
NO. _____
CHAPTER _____

NAME _____ DATE _____
COMPANY _____ POSITION _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ E-MAIL _____
TYPE OF BUSINESS _____ NO. OF EMPLOYEES _____

I WOULD LIKE MORE INFORMATION ABOUT THE FOLLOWING: **Effective January 1, 2008**

DENTAL PLANS? YES ___ NO ___ GROUP HEALTH COVERAGE? YES ___ NO ___
RETIREMENT? YES ___ NO ___ CREDIT CARD MACHINE SERVICES? YES ___ NO ___
BUSINESS LOANS? YES ___ NO ___ CELLULAR SERVICES? YES ___ NO ___

MEMBERSHIP EMPLOYEE CATEGORY (Mark X)

- ___ \$995.00 CORPORATE SPONSOR(5-Over)
- ___ \$695.00 CORPORATE MEMBER (3-4)
- ___ \$295.00 SMALL BUSINESS (1-2)
- ___ \$125.00 STUDENT MEMEBERSHIP
- ___ \$195.00.00 NON-PROFIT/GOVERNMENT AGENCIES

TERMS OF AGREEMENT: I understand that the *Hispanic Business Association*, **HBA** dues are not deductible as charitable contributions for federal tax purposes. I understand, however, that these dues may be deductible as an ordinary expense under 8cct. 162-Internal Revenue Code. I understand that no portion of my dues can be refunded once **HBA** receives them. I agree to abide by laws/constitution now in force or which may hereafter be enacted or amended. I consent to receive all communications sent on behalf of **HBA** whether by fax, email, direct mail or telephone. Please allow 4-6 weeks for delivery of your membership materials.

HBA CHAPTERS (MARK THE FOLLOWING CHAPTERS YOU WILL BE PARTICIPATING IN WITH AN X)

- | | | |
|-------------------|--------------------|---|
| ___ ANAHEIM | ___ PALM SPRINGS | ___ SAN JUAN CAPISTRANO |
| ___ DOWNEY | ___ RIVERSIDE | ___ SANTA ANA |
| ___ EL MONTE | ___ SACRAMENTO | ___ SANTA BARBARA ___ Huntington Beach |
| ___ INLAND EMPIRE | ___ SAN BERNARDINO | ___ SOUTH BAY / L.A. ___ Orange |
| ___ LONG BEACH | ___ SAN DIEGO | ___ WHITTIER ___ West Covina |
| ___ LOS ANGELES | ___ SAN FERNANDO | ___ LAS VEGAS, NEVADA |
| ___ OXNARD | ___ SAN JOSE | ___ TIJUANA, B.C. MEXICO |

I am submitting my application for membership in the Hispanic Business Association. My method of payment is CHECK (enclosed) ___ MASTERCARD ___ VISA ___ CASH ___ in the amount of my membership and a one-time \$30.00 Administrative / Set-up Fee.

NAME AS IT APPEARS ON CREDIT CARD (PLEASE PRINT) _____ APPLICANT'S SIGNATURE _____
CREDIT CARD NUMBER _____ CARD EXP. DATE _____ TODAY'S DATE _____