



Membership Application Form

The Amarillo Hispanic Chamber of Commerce

P.O. Box 1861
Amarillo, TX 79105
(806) 379-8800

Anyone can be a member of the Hispanic Chamber of Commerce. We are here to provide services, resources and referrals that relate to the Hispanic Community. We encourage doing business with chamber members, and encourage your participation.

Company Name: _____ Date: _____

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Main Contact: _____ Title: _____

Contact E-Mail: _____

Authorizing Agent: _____ Email: _____
(If different from above)

Company Website: _____ Company Email: _____

Phone: _____ Fax: _____

Year Company Began: _____ Number of Local Employees: _____

Percentage Minority Owned: _____ End of Fiscal Year: _____

PLEASE CIRCLE ONE CLASS CODE

01 Amusement & Entertainment	09 Real Estate	17 Wholesalers & Distributors
02 Automotive	10 Manufacturing & Processing	18 Services
03 Construction	11 Professional	19 Transportation
04 Banks, Savings & Loan	12 Public Utilities	20 Home Based Business
05 Investment & Finance Companies	13 Publishers & Printers	21 Individuals
06 Hotels & Motels	14 Radio & Television	22 Non-Profit, Clubs, Organizations
07 Apartments, Mobile Home Parks	15 Restaurants, Cafes & Taverns	23 Government
08 Insurance	16 Retailers	24 Schools, Colleges, Universities
		25 Other

Please provide a short promotional statement or company motto describing your business.

Name something that the Hispanic Chamber can do to help your business.
