

MEMBERSHIP APPLICATION



Company Name _____ Date Established _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Name of Designated Representative and Title _____

For purpose of representation, one membership designee is conferred to the company. This member will serve as its voting member and will be responsible for upholding membership responsibilities.

Brief Description of Services or Work Performed. (To be included in directory and to make referrals)

NAICS Codes: Code 1: _____ Code 2: _____ Code 3: _____ Code 4: _____

Annual Gross Dollar Revenue for last year: \$ _____ Union Affiliation: Local #: _____

Bonding Capacity \$ _____ Number of Employees _____

Check all that apply. (A copy of the firm's current certification letter must be submitted with application)

| MBE CERTIFICATIONS | EXPIRES | WBE CERTIFICATIONS | EXPIRES | OTHER CERTIFICATIONS | EXPIRES |
|--|---------|--|---------|------------------------------------|---------|
| <input type="checkbox"/> City of Chicago | | <input type="checkbox"/> City of Chicago | | <input type="checkbox"/> SBA/8A | |
| <input type="checkbox"/> Cook County | | <input type="checkbox"/> Cook County | | <input type="checkbox"/> ILUCP/DBE | |
| <input type="checkbox"/> CMS | | <input type="checkbox"/> CMS | | | |
| <input type="checkbox"/> CMBDC | | <input type="checkbox"/> WBDC | | | |

Membership Category (check one):

| | |
|--|---|
| <input type="checkbox"/> Regular Membership -At least 51% Hispanic owned and managed -MBE/WBE/DBE certified. Current certification(s) must be submitted with this application | <input type="checkbox"/> Associate Membership - Less than 51% Hispanic owned and managed - Gross volume including up to \$20,000,000 |
| <input type="checkbox"/> Corporate Membership -Gross volume in excess of \$20,000,000+ | |

Annual Membership Dues: Total volume is defined as last year's annual gross revenues.

| Annual Membership Dues: Total volume of your 2014 annual gross revenue | Check Appropriate Box below for your Dues Rate |
|--|--|
| Company is less than two years old | <input type="checkbox"/> \$ 300 |
| Total Volume under \$250,000 | <input type="checkbox"/> \$ 440 |
| Total Volume \$250,001 - \$500,000 | <input type="checkbox"/> \$ 660 |
| Total Volume \$500,001 - \$1,000,000 | <input type="checkbox"/> \$ 770 |
| Total Volume \$1,000,001 - \$3,000,000 | <input type="checkbox"/> \$ 990 |
| Total Volume \$3,000,001 - \$20,000,000 | <input type="checkbox"/> \$1,375 |
| Total Volume \$20,000,001+ | <input type="checkbox"/> \$2,200 |
| Corporate | <input type="checkbox"/> \$2,500 |

Amount Enclosed \$ _____ **Payment either by check payable to HACIA or include credit card information below.**

Name on Card _____ Signature _____

Credit Card Type _____ Credit Card # _____ Exp. Date _____

Please attach all necessary documents and payment and email, mail or fax all application items to:
 HACIA, 650 W. Lake Street – Suite 415, Chicago, IL 60661
 Email to: mesparza@haciaworks.org