

# 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.*

Referred by \_\_\_\_\_

**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: \_\_\_\_\_

Bonding Capacity \$ \_\_\_\_\_ Union Affiliations: Local #: \_\_\_\_\_

Annual Gross Dollar Revenue for last year: \$ \_\_\_\_\_ 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"/> VBE	
<input type="checkbox"/> CMBDC		<input type="checkbox"/> WBDC			

**Membership Category** (check one):

<input type="checkbox"/> <b>Regular Membership</b> -At least 51% Hispanic owned and managed -MBE/WBE/DBE certified. Current certification(s) must be submitted with this application	<input type="checkbox"/> <b>Associate Membership</b> - Any M/W/DBE less than 51% Hispanic owned and managed.
<input type="checkbox"/> <b>Corporate Membership</b> -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 2017 annual gross revenue	Check Appropriate Box below for your Dues Rate
Regular & Associate Company is less than two year old	<input type="checkbox"/> \$ 300
Regular & Associate Total Volume under \$250,000	<input type="checkbox"/> \$ 440
Regular & Associate Total Volume \$250,001 - \$500,000	<input type="checkbox"/> \$ 660
Regular & Associate Total Volume \$500,001 - \$1,000,000	<input type="checkbox"/> \$ 770
Regular & Associate Total Volume \$1,000,001 - \$3,000,000	<input type="checkbox"/> \$ 990
Regular & Associate Total Volume \$3,000,001 - \$20,000,000	<input type="checkbox"/> \$1,375
Regular & Associate Total Volume \$20,000,001+	<input type="checkbox"/> \$2,200
Corporate Membership	<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