



Hispanic Contractors Association of the Carolinas

# ASSOCIATE MEMBERSHIP APPLICATION

## APLICACIÓN PARA MIEMBRO ASOCIADO

**Date** \_\_\_\_\_ **Membership Period** \_\_\_\_\_  
Fecha: \_\_\_\_\_ Período de Membresía: \_\_\_\_\_

**Company**  
Compañía: \_\_\_\_\_

**Main Contact** \_\_\_\_\_ **Title** \_\_\_\_\_  
Contacto: \_\_\_\_\_ Título: \_\_\_\_\_

**Address**  
Dirección: \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
Tel #: \_\_\_\_\_

**Alternate #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
# Alterno: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

**Website:**  
Página de Internet: \_\_\_\_\_

**Years in Business** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_ **Annual Sales** \_\_\_\_\_  
Años de Negocio: \_\_\_\_\_ No. de Empleados: \_\_\_\_\_ Ingresos Por Año: \_\_\_\_\_

**How did you hear about us?**  
¿Como se entero de nosotros? \_\_\_\_\_

**Referred by:**  
Referido por: \_\_\_\_\_

Hispanic Contractors Association of the Carolinas (HCAC)  
3700 Avenue of the Carolinas • Fort Mill, SC 29708  
P: (803) 802-4391 - [www.hccarolinas.org](http://www.hccarolinas.org)



Hispanic Contractors Association of the Carolinas

**Select from the following list your line of business:**

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting/CPA                | <input type="checkbox"/> Safety Consultant/Training    |
| <input type="checkbox"/> Attorney/Construction Law     | <input type="checkbox"/> Video Production/Media        |
| <input type="checkbox"/> Background Screening          | <input type="checkbox"/> Architect/Engineer            |
| <input type="checkbox"/> Bonding Insurance             | <input type="checkbox"/> Skilled Trades People         |
| <input type="checkbox"/> Construction Directory/Groups | <input type="checkbox"/> Political Government Affairs  |
| <input type="checkbox"/> Construction Labor            | <input type="checkbox"/> Owner/Developer               |
| <input type="checkbox"/> Drug Testing/Medical Health   | <input type="checkbox"/> Courier Service               |
| <input type="checkbox"/> Employee/Family Benefits      | <input type="checkbox"/> Commercial Office/Real Estate |
| <input type="checkbox"/> Printing/Design/Graphics      | <input type="checkbox"/> Trade Association             |
| <input type="checkbox"/> Plan Room Reporting           | <input type="checkbox"/> Human Resource Consulting     |
| <input type="checkbox"/> Construction Software         | <input type="checkbox"/> Business Consulting           |
| <input type="checkbox"/> Banking/Financial             | <input type="checkbox"/> Web Design                    |
| <input type="checkbox"/> Specialty Products            | <input type="checkbox"/> Computer Hardware Networking  |
| <input type="checkbox"/> Auto Dealership               | <input type="checkbox"/> Other: _____                  |

<b>Product and Service Description:</b> _____ _____ _____ _____ _____ _____ _____ _____
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**Your HCAC Membership expectations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Hispanic Contractors Association of the Carolinas

# CORPORATE MEMBERSHIP FEES

## COSTO PARA MIEMBRO CORPORATIVO

### 2008

Annual Fees

Cuota Anual

\$250

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**Method of Payment:**

Forma de Pago:

**Cash**

Efectivo

**Check**

Cheque

**Credit Card**

Tarjeta de Crédito

**Credit Card #** \_\_\_\_\_

No. de Tarjeta: \_\_\_\_\_

**Expiration date** \_\_\_\_\_

Fecha de Exp.: \_\_\_\_\_

**CC billing address:** \_\_\_\_\_

Dirección de Cobro de Tarjeta: \_\_\_\_\_

**Signatura**

Firma: \_\_\_\_\_

**Date**

Fecha: \_\_\_\_\_

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