

NWIHCC CORPORATE MEMBERSHIP APPLICATION

Business Name _____ Description _____

Address _____

City _____ State _____ Zip _____

Owner's Name _____

Phone Number Office _____ Mobile _____

E-mail _____

Donation amount _____

Minimum \$ Annual membership fee

Annual Corporate Membership Levels

___ \$250 Per business location. Business announced at the Chamber meeting, includes a one-time 3 minute presentation at a monthly meeting, and a one time table display when available at venue, company name and sponsorship announced on website for the month joined.

___ \$1000 (**Bronze**) Business announced at the Chamber meeting, includes a one-time 5 minute presentation at a monthly meeting, and a one time table display when available at venue, company name and sponsorship announced on website for the month joined.

___ \$3000 (**Silver**) Business announced at the Chamber meeting, includes a one-time 10 minute presentation at a monthly meeting, and a 3 time table display when available at venue, company name and sponsorship announced on website for three months and Logo placement for 3 months on sponsor page.

___ \$5000 (**Gold**) Business announced at the Chamber meeting, includes a one-time 10 minute presentation at a monthly meeting, and a 5 time table display when available at venue, company name and sponsorship announced on website for six months and Logo placement for 6 months on sponsor page, logo placement on 1 parade float, 4 complimentary tickets to Annual Black & White Dinner Event, full page ad in fundraiser add book.

___ \$10,000 (**Platinum**) Business announced at the Chamber meeting, includes a one-time 10 minute presentation at a monthly meeting, and a full year table display when available at any of our venues, company name and sponsorship announced on website for one year and Logo placement for one year on sponsor page, logo placement on both parade floats, 1-Complimentary table (8 tickets) to Annual Black & White Dinner Event, full page ad in fundraiser add book.

I hereby agree to indemnify, defend, and hold Northwest Indiana Hispanic Chamber of Commerce, it's directors, officers, employees, workers and agents harmless from and against any loss, injury, damage, costs or expense, including attorneys fees, suffered or incurred by me in connection with my membership in Northwest Indiana Hispanic Chamber of Commerce, except for any liability caused by Northwest Indiana Hispanic Chamber of Commerce's gross negligence or willful misconduct.

Signature _____

Date _____

Note: Membership and Sponsorship are subject to changes on a yearly basis. Please complete your membership application and make check or money order payable to NWIHCC and mail to:

**Northwest Indiana Hispanic Chamber of Commerce (NWIHCC)
P.O. Box 2024
Hammond, IN 46323**