

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"/> 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 - Any M/W/DBE less than 51% Hispanic owned and managed.
<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 2018 annual gross revenue	Check Appropriate Box below for your Dues Rate
Regular & Associate Company is less than two years old	<input type="checkbox"/> \$ 315
Regular & Associate Total Volume under \$250,000	<input type="checkbox"/> \$ 460
Regular & Associate Total Volume \$250,001 - \$500,000	<input type="checkbox"/> \$ 690
Regular & Associate Total Volume \$500,001 - \$1,000,000	<input type="checkbox"/> \$ 800
Regular & Associate Total Volume \$1,000,001 - \$3,000,000	<input type="checkbox"/> \$1,040
Regular & Associate Total Volume \$3,000,001 - \$10,000,000	<input type="checkbox"/> \$1,515
Regular & Associate Total Volume \$10,000,001 - \$20,000,000	<input type="checkbox"/> \$1,900
Regular & Associate Total Volume \$20,000,001+	<input type="checkbox"/> \$2,600
Corporate Membership	<input type="checkbox"/> \$3,500

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