**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.** (T*o 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** |
|  City of Chicago |  |  City of Chicago |  |  SBA/8A |  |
|  Cook County |  |  Cook County |  |  ILUCP/DBE |  |
|  CMS |  |  CMS |  |  VBE |  |
|  CMBDC |  |  WBDC |  |  |  |

**Membership Category** (check one):

|  |  |
| --- | --- |
|  **Regular Membership**  -At least 51% Hispanic owned and managed  -MBE/WBE/DBE certified. Current certification(s) must be submitted with this application |  **Associate Membership**  - Any M/W/DBE less than 51% Hispanic owned and managed. |
|  **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 2019 annual gross revenue** | **Check Appropriate Box below for your Dues Rate** |
| Regular & Associate Company is less than two years old | $ 315 |
| Regular & Associate Total Volume under $250,000 | $ 460 |
| Regular & Associate Total Volume $250,001 - $500,000 | $ 690 |
| Regular & Associate Total Volume $500,001 - $1,000,000 | $ 800 |
| Regular & Associate Total Volume $1,000,001 - $3,000,000 | $1,040 |
| Regular & Associate Total Volume $3,000,001 - $10,000,000 | $1,515 |
| Regular & Associate Total Volume $10,000,001 - $20,000,000  Regular & Associate Total Volume $20,000,001+ | $1,900  $2,600 |
| Corporate Membership | $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

HACIA • 650 W. Lake Street - Suite 415 • Chicago, IL 60661 • 312-575-0389 • f 312-575-0544 [• www.haciaworks.org](http://www.haciaworks.org/)  *(Rev. 01/2020)*  1