



The PR/HCCPC Membership Form

NEW Form As of JANUARY 1, 2023

Name:	
Name of Owner/Chairperson or contact person(s)	
Address:	City: _____ State: _____ Zip Code: _____
Phone #:	Email Address:
Chamber Member: Y / N	
Wish to advertise on our website?	YES _____ NO _____
Signature of Applicant:	_____

ALL LEVELS REFER TO BENEFITS PAGE ON OUR WEBSITE : www.prhccpc.com

<input type="checkbox"/> LEVELS OF MEMBERSHIPS:	<input type="checkbox"/> LEVELS OF MEMBERSHIPS:
<input type="checkbox"/> COPPER MEMBERSHIP: \$125	<input type="checkbox"/> BRONZE MEMBERSHIP: \$175
<input type="checkbox"/> SILVER MEMBERSHIP: \$275	<input type="checkbox"/> GOLD MEMBERSHIP: \$525
<input type="checkbox"/> PLATINUM MEMBERSHIP: \$1025	<input type="checkbox"/> NON-PROFIT MEMBERSHIP: \$75
Profit Entities Site Advertising \$55 per year ____	Non-Profit Entities Site Advertising \$25 per year ____

Mail to: Puerto Rican/Hispanic Chamber of Commerce of Polk County, Inc.
Attention: Mrs. Ana Rivera, President
 P.O. Box 2135 / BARTOW FL 33830
ALL APPLICATIONS SHOULD ACCOMPANY CHECK OR MONEY ORDER

For Committee use:

Date: _____ Check/M.O. #: _____ Amount \$ _____

Application received Received by: _____
 Approved Date: _____