

MEMBERSHIP REQUIREMENTS:

ALL MEMBERSHIP CATEGORIES ARE CORPORATE EXCEPT FOR THE INDIVIDUAL MEMBERSHIP CATEGORY. IF YOU HAVE ANY QUESTION ABOUT YOUR MEMBERSHIP CATEGORY PLEASE CONTACT US.

CATEGORIES (PLEASE SELECT ONLY ONE CATEGORY)

CHECK	COMPANY TYPE	ANNUAL DUES
	MARKETING AND COMMUNICATIONS COMPANIES (BY REVENUE)*	
<input type="checkbox"/>	\$0 - \$2.5 MILLION	\$1,890
<input type="checkbox"/>	\$2.5 - \$5.5 MILLION	\$3,100
<input type="checkbox"/>	\$5.5 - \$10 MILLION	\$6,250
<input type="checkbox"/>	\$10 - \$20 MILLION	\$9,900
<input type="checkbox"/>	\$20+ MILLION	\$13,250
<input type="checkbox"/>	DIGITAL COMPANIES	\$5,000
<input type="checkbox"/>	MAGAZINES	\$5,000
<input type="checkbox"/>	NEWSPAPERS	\$5,000
<input type="checkbox"/>	PRODUCTION/POST PRODUCTION COMPANIES	\$3,700
<input type="checkbox"/>	RESEARCH COMPANIES	\$3,700
<input type="checkbox"/>	RADIO NETWORKS	\$13,250
<input type="checkbox"/>	TV NETWORKS	\$29,900
<input type="checkbox"/>	CABLE NETWORKS	\$7,500
<input type="checkbox"/>	INDIVIDUALS	\$1,250
<input type="checkbox"/>	BRANDS/CLIENTS	\$4,200

*THIS CATEGORY INCLUDES: ADVERTISING AGENCIES, PR AGENCIES, STRATEGIC CONSULTANTS, EVENT COMPANIES, MEDIA BUYING COMPANIES, CREATIVE & MEDIA BOUTIQUES.

COMPANY PROFILE:

AGENCY/COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

DATE FOUNDED: _____ WEBSITE: _____

OWNERSHIP/COMPANY AFFILIATION: _____

PERCENTAGE MINORITY OWNED: _____% PARENT COMPANY (IF ANY): _____%

PREVIOUS YEAR CAPITALIZED BILLINGS: _____ (IF APPLICABLE) TOTAL NUMBER OF EMPLOYEES: _____



MEMBERSHIP APPLICATION

PRIMARY CONTACT (VOTING REPRESENTATIVE):

NAME: _____
TITLE: _____
E-MAIL: _____

SERVICES OFFERED:

ADVERTISING CREATIVE EVENTS/EXPERIENTIAL INTERACTIVE MEDIA PUBLIC RELATIONS
OTHER: _____

KEY PERSONNEL:

1. NAME: _____	TITLE: _____	EMAIL: _____
2. NAME: _____	TITLE: _____	EMAIL: _____
3. NAME: _____	TITLE: _____	EMAIL: _____
4. NAME: _____	TITLE: _____	EMAIL: _____
5. NAME: _____	TITLE: _____	EMAIL: _____
6. NAME: _____	TITLE: _____	EMAIL: _____
7. NAME: _____	TITLE: _____	EMAIL: _____
8. NAME: _____	TITLE: _____	EMAIL: _____
9. NAME: _____	TITLE: _____	EMAIL: _____
10. NAME: _____	TITLE: _____	EMAIL: _____

OTHER OFFICE LOCATIONS:

1. CITY: _____	STATE: _____	EMAIL: _____
CONTACT: _____	PHONE: _____	
2. CITY: _____	STATE: _____	EMAIL: _____
CONTACT: _____	PHONE: _____	
3. CITY: _____	STATE: _____	EMAIL: _____
CONTACT: _____	PHONE: _____	

MAJOR ACCOUNTS (IF APPLICABLE):

1. _____	CLIENT SINCE: _____
2. _____	CLIENT SINCE: _____
3. _____	CLIENT SINCE: _____
4. _____	CLIENT SINCE: _____
5. _____	CLIENT SINCE: _____
6. _____	CLIENT SINCE: _____
7. _____	CLIENT SINCE: _____
8. _____	CLIENT SINCE: _____
9. _____	CLIENT SINCE: _____
10. _____	CLIENT SINCE: _____



MEMBERSHIP APPLICATION

METHOD OF PAYMENT:

CHECK ACH TRANSFER CREDIT CARD: AMERICAN EXPRESS MASTERCARD VISA

ACCOUNT NUMBER: _____

NAME ON CREDIT CARD: _____ EXPIRATION DATE: _____

FOR ACH BANK INFORMATION PLEASE CONTACT US VIA EMAIL AT INFO@HISPANICMARKETINGCOUNCIL.ORG

PAYMENTS TO HISPANIC MARKETING COUNCIL ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. HOWEVER, THEY MAY BE DEDUCTIBLE AS ORDINARY AND NECESSARY BUSINESS EXPENSES. HISPANIC MARKETING COUNCIL'S FEDERAL TAX ID IS 75-2659688.

HISPANIC MARKETING COUNCIL RESERVES THE RIGHT TO REASSIGN A PROSPECTIVE MEMBER TO ANOTHER CATEGORY.

PLEASE COMPLETE AND RETURN FORM VIA:

- Email to info@hispanicmarketingcouncil.org or
- Fax to 703-745-5531

FOR OFFICE USE ONLY

DATE RECEIVED: _____ AMOUNT PAID: _____ DATE PAID: _____

PAYMENT METHOD: CHECK CHECK# _____ CREDIT CARD ACH TRANSFER