



— Central Coast —
HISPANIC
 Business Association

MEMBERSHIP APPLICATION

Date _____

Business Name _____

Physical Address _____ City, State, Zip _____

Mailing Address (if different from above) _____

Contact Name _____ Title _____

Phone # _____ Cell Phone # _____

Email _____ Website _____

Number of Employees _____

Social Links

LinkedIn

Facebook

Twitter

BBB

Google+

Yelp

Youtube

Pinterest

Instagram

PAYMENT INFORMATION

Annual Membership Investment	\$250
Ribbon Cutting	\$ 50
Additional Category	\$ 20

Amount Paid _____

PAYMENT TYPE Cash () Check # _____

Make checks payable to the HBA.

C.C. # _____

Exp. Date _____ CSV _____

BILLING INFORMATION

Name on Card _____

Billing Address _____

Billing Zip _____

OUR MISSION

The Hispanic Business Association represents the interests of and provides access to resources and networking opportunities of the North County. We support the development and unique concerns of these businesses by providing opportunities for connecting, advocacy, education, and resources. The resources of this organization are directed toward the economic prosperity of our members.

Thank you for your membership investment in the Hispanic Business Association (HBA). We look forward to serving you. For further questions, please contact Maria Elena Garcia, Membership Outreach, at mariacchba@gmail.com