



◆MEMBERSHIP APPLICATION◆

Officer's Name _____ Title _____

Business Name _____ Products/Services _____

Email _____ Website _____

Address _____ City _____ State _____ Zip Code _____

Cell | Office Phone _____ | _____ Fax _____

Please include membership fee (select one)

	1 Year	2 Years	3 Years	4 Years
Corporate Gold:**	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,000
Silver Member:*	<input type="checkbox"/> \$500	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,650
Small Business Nonprofit:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450	<input type="checkbox"/> \$600	<input type="checkbox"/> \$850
Investor Basic:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$175	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300

****Chairman's Circle for Major Corporations. *Other privileges apply.**

Please complete the following:

Number of years in operation _____ Estimated annual revenue _____
(Optional)

What are the current needs of your business/organization? (Check all that apply)

☐ Marketing/Advertising ☐ Funding ☐ Staff ☐ Other _____
(please specify)

Are you Minority/Women-owned Business Enterprise (M/WBE) Certified?

☐ Yes ☐ No

COMMITTEE

On which committee do you prefer to serve? (Select no more than two)

- | | |
|---|---|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Civic and Business Education |
| <input type="checkbox"/> Event Planning and Fundraising | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Finance and Audit | <input type="checkbox"/> Membership and Marketing |
| <input type="checkbox"/> Public Relations and Communication | <input type="checkbox"/> Government Affairs |

Days and time you are available to volunteer (Select days and time available):

☐ Schedule is flexible, available as needed

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
From: _____ AM/PM To: _____ AM/PM	From: _____ AM/PM To: _____ AM/PM	From: _____ AM/PM To: _____ AM/PM	From: _____ AM/PM To: _____ AM/PM	From: _____ AM/PM To: _____ AM/PM	From: _____ AM/PM To: _____ AM/PM	From: _____ AM/PM To: _____ AM/PM

Please identify the following elected officials in your neighborhood of business and/or residence:

Councilmember _____ Assemblymember _____

State Senator _____ Referred by _____

Member Benefits

- Certificate of Membership, Lapel Pin
- Password Access to online Archives, Webinars.
- Business to Business and General Referral Service at Discount Prices
- Mentoring and Training of Prospective Business Owners
- Invitation to all HABNET's Monthly Networking Meetings
- Invitation to all HABNET's Business Education Sessions
- Staffing via Job Placement, Interns
- Member Scholarship for Outstanding Business Students
- Resource for Business Development
- Referrals for Financing
- Assistance with MWBE Certification
- Collaboration for Business Ventures
- Advertising in E-Newsletter and HABNET Website
- Incentive for Excellence: *HABNET Entrepreneur of the Year Award*
- One year free subscription to BusinessWeek Magazine
- Civic Engagement and advocacy through HABNET's Government Affairs Committee

MEMBER APPLICATION (Cont'd)

◆ Please fill out a separate application if you elect to receive credit repair service ◆

CREDIT REPAIR

☐ **Credit Repair** for Personal Economic Empowerment. To complete an online application go to:
www.HABNET.com, click on "Member Services" then click "Credit Repair."

REFFERALS

Please refer three business owners and / or investors you think would benefit from HABNET's Membership:

Name _____ Phone/Email _____
Name _____ Phone/Email _____
Name _____ Phone/Email _____

CREDIT CARD AUTHORIZATION

(Please Print)

Applicant's First Name: _____ Last Name: _____

Card Type: _____ Card Number:

Expiration Date: / Card verification number: (On back of your card, the last 3 digits)

Billing address: _____ City _____ State _____ Zip code _____
(Enter the address where you receive billing statements for this card)

I authorize HABNET Chamber of Commerce to use my credit card for payment of my membership or contribution.

My total authorized charge will not exceed: \$ _____ .00

Cardholder's signature: _____ Date / /
(mm/dd/20yy)

E-mail: _____

DISCLAIMER

I understand that the Haitian-American Business Network Chamber of Commerce (HABNET) also serves as a referral service designed to minimize the costs associated with various services for our members and affiliates; that each participant or member is a distinct entity that operates independently from HABNET. I will not hold HABNET or any of its officers liable in any way or form for any and all actions performed by participants / members (institutions or individuals) of HABNET Chamber of Commerce.

(Agreement is a condition of membership, therefore you must agree in order to become a member)

☐ I Agree

☐ I Disagree

LEADERSHIP AND SERVICE PLEDGE

As a Member/Officer of HABNET Chamber of commerce, I do solemnly affirm that I will administer my duties and conduct my business with integrity and honesty; that I will promote an environment of mutual respect and fraternity; that I will provide leadership and service in a manner that will have a positive impact on my community. I take this obligation freely, without any mental reservation or purpose of evasion. So help me God.

Signature Date / /
(mm/dd/20yy)