



CALIFORNIA HISPANIC CORPORATE COUNCIL LEADERSHIP INSTITUTE MEMBERSHIP APPLICATION

www.chccleadership.org

Mail application to:

Attention CHCCLI c/o Moises Rosiles, Tax Manager Bill Torres & Company, Inc. 500 Citadel Dr., Ste 210 Los Angeles, CA 90040.
Make check payable to: California Hispanic Corporate Council Leadership Institute

APPLICANT CONTACT INFORMATION

Name:		
Current employer:		
Position/Title:		
Employer address:		How long?
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Date of Birth (OPTIONAL):	Website:	

MEMBERSHIP TYPE

<input type="checkbox"/> Student Annual Membership - \$20	<input type="checkbox"/> Annual Membership - \$45	<input type="checkbox"/> Annual Corporate - \$5,000
<input type="checkbox"/> Annual Corporate- \$2,000	<input type="checkbox"/> Annual Corporate - \$3,000	<input type="checkbox"/> Other:

INDUSTRY TYPE

<input type="checkbox"/> Aerospace	<input type="checkbox"/> Communications	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Health	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Utility
<input type="checkbox"/> Airline	<input type="checkbox"/> Education	<input type="checkbox"/> Financial	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Sports/Leisure	<input type="checkbox"/> Other:
<input type="checkbox"/> Automotive	<input type="checkbox"/> Engineering/Const.	<input type="checkbox"/> Foundations	<input type="checkbox"/> Insurance	<input type="checkbox"/> Tech	
<input type="checkbox"/> Banking	<input type="checkbox"/> Government	<input type="checkbox"/> Transportation			

OTHER ORGANIZATIONS / AFFILIATION / BOARDS

PERSONAL INTEREST / PROFESSIONAL INTEREST / HOBBIES

GETTING INVOLVED WITH CHCCLI

<input type="checkbox"/> Communications Committee	<input type="checkbox"/> In-kind Donations	<input type="checkbox"/> In-kind Professional Services
<input type="checkbox"/> Leadership Institute Workshops	<input type="checkbox"/> Marketing Committee	<input type="checkbox"/> Membership
<input type="checkbox"/> Membership Programs	<input type="checkbox"/> Mentorship Committee	<input type="checkbox"/> Speaker Series <input type="checkbox"/> Website Committee

APPLICANT'S SIGNATURE

Signature of applicant:	Date:
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Office use only Method of Payment

<input type="checkbox"/> Cash	<input type="checkbox"/> Check number:	<input type="checkbox"/> Other:
Payment received by:		Membership Number: