

MEMBERSHIP APPLICATION

Individual Member Application-

Contact: []Mr. []Mrs. []Ms. _____

Occupation/ Title: _____

Business Application-

Business Name: _____

Contact: []Mr. []Mrs. []Ms. _____

Occupation / Title: _____

Business Owner? Yes [] No []

Number of Employees: _____

Address:

Mailing Address:

Physical Address:

Street Address _____

City / State / Zip Code: _____

Phone Number: _____

Fax Number: _____

Mobile Phone: _____

Website: _____

E-mail Address: _____

Referred By: _____

Payment Method

Check []

Please make check payable to HCCSC

Credit Card

Option 1: Call into office []

Option 2: PayPal []

Transaction ID: _____

Cash []

Membership dues are valid through December 31 of each year. Dues are non-refundable. By signing below, applicant agrees to the terms and conditions of HCCSC Membership.

MEMBER CATEGORY	ANNUAL DUES	MEMBER CATEGORY	ANNUAL DUES
<input type="checkbox"/> Student	\$25	<input type="checkbox"/> Business Member ⁴	\$400
<input type="checkbox"/> Non-Business	\$75	<input type="checkbox"/> Non Profit Org ⁵	\$140
<input type="checkbox"/> Business Member ¹	\$150	<input type="checkbox"/> Non Profit Org ⁶	\$190
<input type="checkbox"/> Business Member ²	\$200	<input type="checkbox"/> Non Profit Org ⁷	\$240
<input type="checkbox"/> Business Member ³	\$305		
1 (1-5 employees)	3 (50-99 employees)	5 (1-5 employees)	7 (100+ employees)
2 (6-49 employees)	4 (100+ employees)	6 (6-99 employees)	

MAIL TO:

P.O. Box 11392

Santa Rosa, CA 95406

(707) 575-3648

Applicant Signature: _____ Date: _____