



## CALIFORNIA HISPANIC CORPORATE COUNCIL LEADERSHIP INSTITUTE MEMBERSHIP APPLICATION

www.chccleadership.org

Mail application to: Attention CHCCLI 633 W. Fifth St. Ste #1150, Los Angeles, CA 90071.  
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

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### PERSONAL INTEREST / PROFESSIONAL INTEREST / HOBBIES

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### 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: |
|-------------------------|-------|

### Office use only Method of Payment

|                               |  |                                 |
|-------------------------------|--|---------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check number: | <input type="checkbox"/> Other: |
|-------------------------------|--|---------------------------------|

|                      |                    |
|----------------------|--------------------|
| Payment received by: | Membership Number: |
|----------------------|--------------------|