

Rochester Hispanic Business Association

Membership Application & Member Profile

Full Name:				
Company Name:				
Job Title:				
Website:				
Number of Employees:				
Describe your Products or Serv	ices:			
Contact Information:				
Mailing Address:				
City:	State:	_ Zip:		
Phone:	Email:			
Business Contact Inform	ation (To be use	d for the onlin	e directory):	
Use same as above: yes	no			
Business Address:				
City:	State:	_ Zip:	Fax:	
Phone:	Email:			
Memberships Levels: (Ann	nual membership t	term runs with	the calendar year Jan-Dec).	
Basic \$40				
Enhanced: \$75				
Corporate: \$150				
Please mail this form with membership check to:		Rochester Hispanic Business Association c/o Robert Wesleyan College		
			Martinez DeVinney	
		2301 Westsi	•	
		Rochester, N	IY 14624	

If you would like to pay with credit card, please visit our website and fill in the membership form

here: www.RochesterHBA.org/membership-application.

Questions? Email us at hola@RochesterHBA.org.

Welcome to the RHBA!