



Hispanic Business Association
P.O. Box 4453
Paso Robles, CA 93447
membership@hba-cc.org

Membership Application

Date: _____

Business Name: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Please indicate which address should be published on our website: Physical Mailing None

Contact Name: _____

Phone: _____ Alternative Phone: _____

Email Address: _____

Website: _____

Brief Description of Business (50 words or less):

I was referred by: _____

We welcome you to become a Member of the Hispanic Business Association. With a membership fee of \$75 per year, you and your business will be entitled to the benefits of the association.

Please make checks payable to "Hispanic Business Association" and mail to: P.O. Box 4453, Paso Robles CA 93447

Thank you for joining the Hispanic Business Association!

FOR OFFICE USE ONLY

Membership Date: _____

Processed by: _____

Amount Paid: \$ _____

Payment Method: Cash Check

Received by: _____

Credit Online