

## Partners Application

Name/Nombre		Title/Titulo	
Business/Negocio			
Street/Calle		PO Box	
City/Ciudad		State/Estado	Zip Code
Phone:	2nd Phone:	Fax:	
E-mail address:		Website/Pagina Cybernetica	
<b>Select Partner Package:</b>			
<input type="checkbox"/>	<b>Padrino</b>	\$500	
<input type="checkbox"/>	<b>Copper</b>	\$1,000	
<input type="checkbox"/>	<b>Bronze</b>	\$2,500	
<input type="checkbox"/>	<b>Silver</b>	\$5,000	
<input type="checkbox"/>	<b>Gold</b>	\$7,500	
<input type="checkbox"/>	<b>Platinum</b>	\$10,000	
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><b>Mail Application and Payment to:</b> Massachusetts Latino Chamber of Commerce La Cámara de Comercio Latina 1655 Main Street Suite 201 Springfield, MA 01103</div>			
Signature/Firma:		Date:	

Thank You for your interest in joining the Massachusetts Latino Chamber of Commerce. The information you provided will be reviewed in a timely manner. Please be advised that your membership is effective upon receipt of payment.