| HCFA Membership Application |
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| Membership profile |
| Company/Organization |
| Main Contact: | Phone: | Email: |
| Current address: |
| City: | State/Province: | ZIP/Postal Code: |
| company/organization description (200 words or less) |
|  |
| membership categories |
| My company/organization hereby applies for HCFA Membership in the following Membership Category (please highlight):**One Year HCFA Memberships*** Regular $39.00 USD
* Student $20.00 USD
* Senior (55 Years and Older) $25.00 USD
* Sustaining $100.00 USD (4 People )
* Start-Up Member - $500 USD
* Academic Member - $1,000 USD
* Small Business Member (fewer than 25 employees) - $2,000 USD
* Industry Member (25 to 100 employees) - $5,000 USD
* Liftime $1000.00 USD
* Corporate $1000 USD
* Consulting Member - $1,200 USD Refferals will be given
* Executive Team  Membership All staff  (more than 100 employees) - $10,000 USD
* Sponsoring Member (voluntary) - $15,000 USD

\**Please note that start-up memberships are only eligible for start-up companies in their initial first two years upon establishment. In the 3rd year, it is assumed that they will have graduated into an industry member and the industry membership category would then apply.* |
| payment options |
| 1. Pay Pal danieldonatelli1@gmail.com
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| 1. Electronic Funds Transfer: Please contact Accounting/Finance Department at danieldonatelli1@gmail.com for banking information.
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| Signature |
| I authorize the verification of the information provided on this form as to the best of my knowledge and have received a copy of this application. |
| Signature of applicant: | Date: |
| Company |