

Membership Application

Name: _____ Title: _____
Company: _____
Address: _____ City: _____
Type of Business: _____ Number of Employees: _____
Business Interest in USA/Africa: _____
Contact Person: _____ Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____
Email: _____ Referred By: _____

Please Check a Membership Category

- Student \$50
 Individual \$100
 Small Business \$150

Corporate

- Silver \$500
 Gold \$1,000
 Platinum \$5,000
 Life \$10,000

Please Check Your Choice of Committee

- Strategic Planning Public Relations
 Finance Trade and Investment
 Education Membership
 Research and Documentation Community Development
 Other: _____

Please Check Your Method of Payment

Enclosed is my Check for the amount of \$_____.

*Make your check or money order payable to the African Chamber of Commerce. Membership privileges are available to members only and are not transferable. I agree to abide by the rules and regulations of the African Chamber of Commerce of Texas, Inc. and will hereby pay my dues on a timely basis, otherwise this may result in suspension of membership.

Signature: _____ Date: _____