



Asian Pacific American Chamber of Commerce

Membership Application Form

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Contact: _____ Title: _____

Email: _____

Phone: _____ FAX: _____ Web site: _____

If you would like additional names to appear in your company's online membership directory listing and receive APACC communications, please supply names, titles and email addresses on a separate sheet of paper. (Excludes Individual level members).

New Membership

Membership Renewal

Membership Level to Join _____ for \$ _____
(Specify membership level)

Membership	Recommended Entry Level	Annual
Corporate	More than 200 employees	\$1,000.00
Enterprise	200 employees or less	\$500.00
Entrepreneur	50 employees or less	\$250.00
Non-Profit	Government agencies, not-for profit organizations, colleges and universities	\$150.00
Individual	One person	\$150.00

Reason for Joining (Please rank 1, 2, 3...)

___ Networking ___ Referral Services ___ Health Insurance ___ Money-savings benefits
___ Programs/Events/Seminars ___ Community Involvement ___ Other _____

Business Ownership (check any that apply):

Asian Pacific-owned Asian Indian-Owned Woman-owned Other Minority-owned Veteran-owned

Type of Industry: _____ NAICS _____

Principal Products/services: _____

Certifications: _____ Oversea Operations: _____ Number of Employees: _____

Membership Authorization and Communications Consent

I understand that by providing a mailing address, e-mail addresses, telephone number and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Asian Pacific American Chamber of Commerce via regular mail, e-mail, telephone or fax.

Signature: _____ Date: _____

Please indicate preferred methods of Communication:

Mail Phone Fax Email

Payment Information:

___ Visa ___ MasterCard ___ AMEX ___ Check payable to APACC

Name of Cardholder: _____

Credit Card # _____ Expiration date _____

Billing Address (if different from above): _____