

AICC

American International Chamber of Commerce

MEMBERSHIP APPLICATION

| | | |
|---|----------------|-----------|
| Business Name | | |
| Last Name | First Name | |
| Telephone | Fax | Website |
| Contact Person | Telephone/Cell | Email: |
| Title | Occupation | Education |
| | | |
| Business Established: | | |
| Category and Service | | Website |
| Profit or Non-Profit | | |
| Country | | |
| How many full time employee in your organization | | |
| Applicant Signature | | Date |
| Enterprise or Individual introduction (attach with logo,images, promotion, catalogue ect.) | | |
| | | |
| Membership Fee: Please pay by check or cash to American International Chamber of Commerce. All the AICC local representative or staff will be happy to assists with you. | | |



American International Chamber of Commerce

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