

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 \$150

____ Small Business \$250

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: _____