



AFGHAN AMERICAN CHAMBER OF COMMERCE (AACC) MEMBERSHIP APPLICATION

MEMBER INFORMATION

Company/Organization Name: _____

Individual /Representative: First Name: _____ Last Name: _____

Gender: Female Male | Nationality: Afghan American Afghan and American Other: _____

Title/Job Position: _____

Telephone: _____ Mobile Phone: _____ Fax: _____

E-mail: _____ Website: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Business Sector: _____ Key Projects: _____

MEMBERSHIP LEVELS & TYPES (Please check one)

PLATINUM MEMBERSHIP

\$10,000 (51 plus employees)

- 3 Votes in the General Assembly Meetings
- Up to 3 Special Meetings with AACC Board Members
- Access to Database of Members and Friends
- Help plan Receptions, Seminars & Networking Events
- Engagement in Business Matchmaking Conference
- Logo Placement on AACC Website

GOLD MEMBERSHIP

\$5,000 (16-50 employees)

- 2 Votes in the General Assembly Meetings
- Up to 2 Special Meetings with AACC Board Members
- Limited Access to Database of Members and Friends

SILVER MEMBERSHIP

\$2,500 (6-15 employees)

- 2 Votes in the General Assembly Meetings
- One Special Meeting with AACC Board Members

BASIC-SMALL BUSINESS

\$1,000 (Company of 1-5 employees)

- One (1) Vote in the General Assembly Meetings

OTHER BASIC MEMBERSHIPS. (Please check one)

\$250 Individual
(Business Membership Not Included)

\$200 Non-Profit / Academic Organization
Must provide a copy of IRS letter of determination showing 501(c) (3) designation.

\$100 Student
Must provide proof of enrollment in an academic or vocational institution.

PAYMENT INFORMATION

Check (Payable to Afghan-American Chamber of Commerce) | Check Number: _____ **Cash** **Bank Wire Transfer** (Contact AACC Offices)

Credit Card:		Amount: \$
Credit Card Number:	Exp. Date:	Security Code:
Card Holder's Name:	Title:	
Email:	Office/Mobile:	Fax:
Card's Billing Add.: Same as above Different	Address:	
City:	State:	Zip Code: Country:

Refund Policy: The annual dues are not refundable and reflect the period of one year from the date payment is received. I certify that the above information is correct and complete. **By signing this form**, I authorize the Afghan-American Chamber of Commerce (AACC) and/or its staff to charge my Credit Card for the above-mentioned amount.

Card Holder's Signature: _____ **Date:** _____