



Membership Application

Company Information

Company Name: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Type of Business: _____

Are you a member of any other organization(s)? YES NO

If yes, please list: _____

Owner/Manager/Individual Information

ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS STRICTLY CONFIDENTIAL.

Name: _____ Date: _____

Last *First*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ E-mail Address: _____

Fax: _____ Evening Phone: _____

Country of Birth: _____

ANNUAL MEMBERSHIP FEES:

By becoming a member, you will gain access to our networking sessions, upcoming community events, business leadership session, etc., if you have job openings, company news, upcoming events/activities, etc., you will have the opportunity to reach approximately 3,000 plus Community Leaders, Business Leaders, Faith-base Leaders and the community through BACCC Outreach initiatives. You will be part of our community outreach, educate and empower lives today for a better tomorrow within the communities.

At BACCC we also provide social service information on immigration, healthcare, housing, job readiness, youth and senior involvement.

Please check the appropriate box.

Families: **\$100.00** For family member(s) who want to learn to start, grow and expand their home-base business.

Not-for-Profit Organization: **\$125.00** For our community 501(C)3 status business.

Small Business: **\$185.00** For our community small to midsize, our mom and pop owned operated business.

Corporation/Franchise: **\$350.00** For our big corporation or chain franchise business.

Note: Please keep in mind the general membership fee is only good for one year! (Friday, December 31, 2010)

Disclaimer and Signatures

I certify that the information provided within this application are true and complete to the best of my knowledge, I understand that false or misleading information in my application may result in my rejection to membership.

Applicant Signature: _____ Date: _____

Approval Signature: _____ Date: _____

Founder & Chief Executive Officer

Approved: _____ Rejected: _____

Note: Make check payable to: AmeriCaribbean Chamber
Mail to: BACCC Attn: Montgomery Mallett, LLP, 4200 Baychester Avenue, Bronx, NY 10466

E-mail: Info@bronxamericaribbean.org
Visit us at: www.bronxamericaribbean.org