



Asian Pacific American Chamber of Commerce®

Membership Processing Form

New Membership

Membership Renewal

Company: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Web site: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Username: _____ Password: _____

Secondary Contact: _____ Title: _____

Email: _____ Phone: _____

Username: _____ Password: _____

Secondary Contact: _____ Title: _____

Email: _____ Phone: _____

Username: _____ Password: _____

Membership Level:

Elite (Corporate) \$1,200 Gold (Enterprise) \$600 Silver (Entrepreneur) \$300 Non-Profit \$200 Bronze (Individual) \$200

Business Ownership: (check any that apply):

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

Industry: _____

Principal Products/Services: _____

Certifications: MBE WBE Oversea Operations: _____

Payment Information: Check Credit Card Website Membership Expires: ___/___/___

(Attach copy of PMT)

Name of Cardholder: _____

Credit Card # _____ Exp. Date: _____

Billing Address (if different from above): _____

Internal Use Only:

| | | |
|--|--|--|
| Processing Memberships: | | |
| <input type="checkbox"/> MemberClicks Update | <input type="checkbox"/> Zoho Update | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Email Receipt | <input type="checkbox"/> Constant Contact Update | <input type="checkbox"/> Digital/Printed MEM Pkg |
| | | Processing Date: ___/___/___ |