



## Corporate Membership Application

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### Who Can Apply

American and foreign Corporations, Non-profit, government-affiliated, academic institutions and individuals with capability and interest of doing business in any African Country and African corporations, Non-profit, government-affiliated, academic institutions and individuals with capability and interest of doing business in America

\*Approved for membership on a case- by-case basis.

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### Applicant's General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Main Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

Category:  Government  Business  Academics  Others

If Business, category: \_\_\_\_\_ Number of Employee: \_\_\_\_\_

If Others, please specify: \_\_\_\_\_

Please provide us with a brief description of your business

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C. Please let us know your main reasons for joining African-American Chamber Investment

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**Primary Contact Information**

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Billing Information**

Billing Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_