



AMERICAN INTERNATIONAL CHAMBER OF COMMERCE

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AICC MEMBERSHIP APPLICATION FORM

Join the American International Chamber of Commerce Today!
Joining and Renewing your Membership with the American International Chamber of Commerce has never been easier, Join today. If you need to update your membership please contact the AICC Office at 213-255-2066.

Membership is open to all companies and individuals that demonstrate an interest in fulfilling the purposes of the Chamber and can benefit from its goals and activities.

The Membership Category is determined by the Board of Directors of the American International Chamber of Commerce upon consideration of the application for membership.

The annual membership fee entitles you to membership in the AICC for the coming 12 months. Membership start date is considered as of the first of the month following approval by the AICC Board of Directors. New members will be sent formal letters of acceptance. Applicants for membership are kindly requested to make payments upon receipt of the formal letter of acceptance.

Full name of company or individual _____

Address _____

ZIP Code _____ Telephone _____ Fax _____

E-mail _____ Contact person _____ Title _____

Web site: _____ Country _____

Company Business Type: _____

Business Description _____ (3-6 Words)

MEMBERSHIP CATEGORY How many Full Time Employees does your Organization/Company have? _____

- Entrepreneur Small Business (1-10) Medium Business (11-25) Med/LG.Business (26-50)
- Corporate Rate (51+) International Corporate Nonprofit/Government Student

PAYMENT TYPE

CHECK ENCLOSED VISA MASTERCARD

NAME ON CARD _____ CREDIT CARD NUMBER _____

EXP. DATE _____ SIGNATURE _____ DATE _____

Please attach your company's profile.

By signing this application the applicant is aware of all legal rights and obligations associated with membership in the American International Chamber of Commerce. Members shall aim to fulfill the purposes of the Chamber, and shall fully comply with the requirements of the Statutes of the American International Chamber of Commerce.

Signature _____ Full Name & Title _____ Date _____

PLEASE MAIL THIS APPLICATIONAL FORM TO:

American International Chamber of Commerce
1000 S. Fremont Ave.,A1,1220
Alhambra, CA 91803

OR FAX TO: 213-634-1489