

Membership Application



Our organization would like to join and become an active member of the European American Chamber of Commerce New York

- Presidents Circle Member:** \$15,000
- Enterprise-size Organization Membership (>250 Employees):** \$3,500
- Platinum Membership:** \$10,000
- Large Organization Membership (100-250 Employees):** \$2,500
- Premium Membership:** \$5,000
- Small Organization Membership (<100 Employees):** \$1,000

Company name: _____

Contact person: _____

Job title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Company address (if mailing address is different, incl. both): _____

City: _____ State: _____ Zip: _____

Field of company activity: _____

Industry/SIC code _____

The membership period is 12 months.

PAYMENT OPTIONS:

- By Credit Card:** Amex Visa MasterCard

Card#: _____ Expiration Date: _____ CVC#: _____

Name as shown on card: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

- By cheque to:** European American Chamber of Commerce New York
c/o Yvonne Bendinger-Rothschild
New York Times Building
620 Eighth Avenue, 38th Floor (c/o Visit Flanders)
New York, NY 10018

- By wire transfer:** Call us at **212.808.2707** for the wire transfer information or email us at ybr@eaccny.com.

Date _____ Signature _____

To expedite the processing of your membership application please email it to ybr@eaccny.com | Please do so even if you are sending payment separately.

