

Membership Application



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

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| <input type="checkbox"/> Presidents Circle Member: \$15,000 | <input type="checkbox"/> Enterprise-size Organization Membership (>250 Employees): \$5,500 |
| <input type="checkbox"/> Platinum Membership: \$10,000 | <input type="checkbox"/> Large Organization Membership (100-250 Employees): \$3,500 |
| <input type="checkbox"/> Premium Membership: \$7,000 | <input type="checkbox"/> Medium Organization Membership (25-100 Employees): \$2,500 |
| | <input type="checkbox"/> Small Organization Membership (<25 Employees): \$1,500 |

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
228 E 45th St., Suite 9e (c/o TABS Inc.)
New York, NY 10017

- ☐ **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.**

