

# 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"/> <b>Presidents Circle Member:</b> \$15,000 | <input type="checkbox"/> <b>Enterprise-size Organization Membership (&gt;250 Employees):</b> \$5,500 |
| <input type="checkbox"/> <b>Platinum Membership:</b> \$10,000      | <input type="checkbox"/> <b>Large Organization Membership (100-250 Employees):</b> \$3,500           |
| <input type="checkbox"/> <b>Premium Membership:</b> \$7,000        | <input type="checkbox"/> <b>Medium Organization Membership (25-100 Employees):</b> \$2,500           |
|  | <input type="checkbox"/> <b>Small Organization Membership (&lt;25 Employees):</b> \$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 is for a period of **12 months**. The annual membership will automatically be renewed at the date of the first registration with the credit card information on file, unless it has been cancelled before the end of term. Cancellations must be made in writing 4 weeks prior to the expiration date.

## 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  
825 Third Avenue, 28th Fl (c/o Noerr)  
New York, NY 10022

- ☐ **By wire transfer:** Call us at **212.808.2707** for the wire transfer information or email us at [ybr@eaccny.com](mailto:ybr@eaccny.com).

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

