

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):** \$5,500
- Platinum Membership:** \$10,000
- Large Organization Membership (100-250 Employees):** \$3,500
- Premium Membership:** \$7,000
- Medium Organization Membership (25-100 Employees):** \$2,500
- 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 _____

Your EACCNY membership is valid for a period of **12 months**. The membership will automatically be renewed on the last day of your renewal month with the credit card information on file. If you do not wish to renew your membership, please notify us upon receipt of your invoice. But no later than the first day of your renewal month.

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 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.

