

CONTINENTAL AFRICA CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Name of the Company:

Designated Company Representative:

Name: _____

Title: _____

Address: _____

City: _____ State/ Zip: _____

Country: _____

Phone: _____

Fax: _____

E mail: _____

Company website: _____

President/CEO: _____

Description of Company and its products and services for membership directory

Year Established: _____

Number of Employees: 1-10 11-25 26- 50
 51-75 76-100 Over 100

How long has your company been doing business in Africa?

None 1-5 years
 6-15 years 15 years +

List of countries in which you are operating

Which of the African countries are you most interested in?

Will you like to serve on a Committee?

YES NO

How can CACC help your company?

How did you hear about CACC?

CACC Member CACC Conference
 CACC Network forum CACC Trade show
 CACC Publication Advertisement
 Other (please specify) _____

Annual Membership fees

Small Business / Individuals **\$200**

Corporate

1 -10 **\$300**
 11-25 **\$350**
 26-50 **\$400**
 51-75 **\$450**
 76-100 **\$500**
 Over 100 **\$1,000**
 College/Universities **\$250**
 Supporting/ Sponsoring Member **\$2,000 - \$25,000**

Annual Membership dues can be paid by Check or Credit Card to Continental Africa Chamber of Commerce

Credit Card

Visa MasterCard
 American Express Discover Card

CardHolder Name: _____

Card Number: _____

Exp: _____

Signature: _____

Check

Check Number: _____

X _____ Date: _____

I submit my application for full Chamber Membership

Please return the completed form to:

Continental Africa Chamber of Commerce

28 E. Jackson Blvd, Suite 600, IL 60604

Ph: 312.987.1892 Fax: 312.987.1893

www.continentalacc.org, info@continentalacc.org