



**AFRICAN CHAMBER OF COMMERCE**  
COLORADO USA

# Membership Application

### YOUR BUSINESS

Business Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Main Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ No. of Employees \_\_\_\_\_

Company E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

### TYPE OF BUSINESS

Primary \_\_\_\_\_ (to be listed in directory and on web site)  
Secondary \_\_\_\_\_ (to be listed on web site only)

### Annual Revenue

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Up to \$499,000           | <input type="checkbox"/> \$500,00 - \$999,000         | <input type="checkbox"/> \$1,000,000 - \$2,499,000   | <input type="checkbox"/> \$2,500,000 - \$4,999,000 |
| <input type="checkbox"/> \$5,000,000 - \$9,999,000 | <input type="checkbox"/> \$10,000,000 - \$499,000,000 | <input type="checkbox"/> \$500,000,000 - \$1 Billion | <input type="checkbox"/> \$1 Billion and up        |

### Check Which Best Describes Your Business Profile

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Division/Regional Office | <input type="checkbox"/> Minority-Owned | <input type="checkbox"/> Manufacturing Facility | <input type="checkbox"/> Woman-Owned     |
| <input type="checkbox"/> Home-based               | <input type="checkbox"/> African-Owned  | <input type="checkbox"/> Non-profit             | <input type="checkbox"/> Single Location |

Would You Like to Offer a Member-to-Member Discount?  Yes  No How You Heard About Us \_\_\_\_\_

### CONTACT INFORMATION

Primary Contact \_\_\_\_\_ Informal Name \_\_\_\_\_

Title \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### We Will E-mail Our Newsletter to Additional Employees of Your Company

Name _____	E-Mail _____	Job Function <input type="text"/>
Name _____	E-Mail _____	Job Function <input type="text"/>
Name _____	E-Mail _____	Job Function <input type="text"/>

### Billing Contact Information

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership Level \_\_\_\_\_ Dues \_\_\_\_\_ Admin Fee \_\_\_\_\_ Total \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Account Representative \_\_\_\_\_