



African Chamber of Commerce DALLAS FORT WORTH

2639 Walnut Hill Lane, Suite 125 | Dallas, Texas 75229
PHONE: 214-628-2569 | FAX: 682.222.0617

MEMBERSHIP/INVESTOR APPLICATION FORM

(Application must be signed and dated to be processed)

NAME: _____ Gender: Male Female

ADDRESS: _____ CITY: _____ ZIP: _____

BUSINESS/EMPLOYER/SCHOOL: _____ TITLE: _____

TELEPHONE (WORK): _____ HOME/CELL: _____ FAX: _____

E-MAIL: _____ COUNTRY OF ORIGIN: _____

Briefly describe your company's products, services and your profession; include areas of interest:

CATEGORIES OF MEMBERSHIP AND ANNUAL DUES:

- ASSOCIATE (STUDENT) \$50.00
- INDIVIDUAL \$250.00
- NON-PROFIT ORGANIZATION \$300.00
- CORPORATE 1-9 EMPLOYEES \$500.00
- CORPORATE 10-24 EMPLOYEES \$750.00
- CORPORATE 25+ EMPLOYEES \$1000.00
- BOARD MEMBER \$500.00 (Based on board approval)
- INVESTOR \$1,500 \$5,000 \$10,000 \$15,000 \$25,000

COMMITTEES:

- MEDICAL ISSUES
- MEMBERSHIPS/ NETWORKING
- INTERNATIONAL TRADE
- TRANSPORTATION
- IMMIGRATION/ LEGAL
- COMMUNITY DEVELOPMENT

Type of Card: <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Other _____		Card Amount: \$ _____	
Account #: _____		Exp. Date: ____/____/____ CCV Code _____	
Name (as it appears on card): _____			
Address: _____		Phone _____	
<small>(Street address associated with Credit Card)</small>		<small>City</small>	<small>State</small>
		<small>Zip</small>	
Signature: _____		Date: ____/____/____	
(5% processing fee will be added to credit card payments)			

SIGNATURE: _____ DATE: _____ AMOUNT ENCLOSED: \$ _____

We thank you for your support!

Web site: <http://www.africanchamberdfw.com> E-MAIL: info@africanchamberdfw.com

MISSION: *The African Chamber of Commerce promotes trade, commerce, and cultural exchange through education between the United States and countries of the African Diaspora.*