



# INDO AMERICAN CHAMBER OF COMMERCE - USA

7310 Woodward Avenue, Fifth Floor, Detroit, MI 48202. PH: 866-740-0141; FAX: 866-740-0146

A Non

## MEMBERSHIP APPLICATION

### Corporate / Donor Member Information

Company Name: \_\_\_\_\_ Primary Business: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ In Business Since: \_\_\_\_\_;  
Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of Company:  Sole Proprietor  Partnership  Corporation  LLC  LLP  Other  
Company Size (Number of Employees):  
 Fewer than 6  6 to 10  11 to 100  101 to 250  251 to 500  More than 500  
Contact Person: \_\_\_\_\_ Alternate Representative: \_\_\_\_\_

### Member Profile Information (Optional)

Citizen of: \_\_\_\_\_ Place of Origin (Birth): \_\_\_\_\_  
Interests & Objectives: \_\_\_\_\_  
Affiliation with other Chamber(s) of Commerce / Professional Associations, if any:  
\_\_\_\_\_

Referred by: \_\_\_\_\_

### Annual Membership Dues

#### Donor Membership:

Silver (\$ 1,500) \_\_\_\_\_ Gold (\$ 2,500) \_\_\_\_\_ Platinum (\$ 5,000) \_\_\_\_\_

#### Corporate Membership Dues:

A) \$ 100 (if fewer than 6 employees);                      B) \$ 150 (6 to 10 employees);  
C) \$ 250 (11 to 100 employees);                              D) \$ 500 (101 to 250 employees);  
E) \$ 1,000 (251 to 500 employees);                              F) \$ 2,500 (more than 500 employees)

**Please make all checks payable to "IACC-USA". Please mail the completed form along with membership dues to: Mr. Satish Jasti, Treasurer, IACC-USA, Lotus Bank, 44350 Twelve Mile Road, Novi MI 48377**

I have completed this application for membership/donor to the Indo-American Chamber of Commerce - USA (IACC-USA) and hereby certify that the information contained herein is true and accurate to the best of my knowledge.

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

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_