

## MEMBERSHIP APPLICATION

. , ,		LAST NAME (required)	
COMPANY (required):	TITLE (required):	TYPE OF BUS. / IND. (required)	
ADDRESS (required):			
Mobile (required):		OFFICE PHONE (required):	
EMAIL (required):		FAX:	
REFERRED BY:			
	rtnership or corpora	Please enroll me as a member of Asian Indian Chamber of Commerce, Inc. as under:  Annual Membership \$150 / year  Non-Profit \$250 / year  Corporate Membership \$1000 / year (Includes 1 member)  Affiliate Membership \$250 / year  ion is a single member. Please make your check payable to- "Asian Indian Chamber of ess above. Or you can pay through our Credit Card payment link:	
https://squareup.com/store/asian-indian-chamber-of	TELL US A	LITTLE ABOUT YOURSELF	
☐ Membership	Education/	_	
☐ Technology	☐ Networking	☐ Certification (MBE, SBE, etc.)	
☐ Social Media	☐ Corporate (	<u> </u>	
☐ PR & Communications	☐ Member Be	nefits	ing
Social Media Platforms you are active on			
☐ Linked In	☐ Twitter	☐ Facebook	
Would you like to:			
Would you like to:  ☐ Contribute to our webinar library?	☐ Spon	or a networking event?	rs?
☐ Contribute to our webinar library?	•	tions, et c.)	
Contribute to our webinar library?  Other a?liations (eg. Other chambers, profe	essional organiz		