



African CHAMBER OF COMMERCE AND TOURISM

4170 S Decatur Blvd, Suite A8, Las Vegas, NV 89103
PHONE: +1 702-504-7292 | FAX: +1 702-993-2501

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 INVESTMENT:

- | | |
|---|-----------|
| <input type="checkbox"/> ASSOCIATE (STUDENT) | \$75.00 |
| <input type="checkbox"/> NON-PROFIT ORGANIZATION | \$250.00 |
| <input type="checkbox"/> GENERAL BUSINESS | \$ 400.00 |
| <input type="checkbox"/> PARTNERSHIP (51 -100 EMPLOYEES) | \$1500.00 |
| <input type="checkbox"/> CORPORATE 101-1000 EMPLOYEES | \$2500.00 |
| <input type="checkbox"/> PRESIDENT'S CIRCLE 1000+ EMPLOYEES | \$5000.00 |
| <input type="checkbox"/> CHAIRMAN'S CIRCLE | \$7500.00 |

COMMITTEES:

- | |
|--|
| <input type="checkbox"/> HEALTHCARE |
| <input type="checkbox"/> MEMBERSHIPS/ NETWORKING |
| <input type="checkbox"/> INTERNATIONAL TRADE |
| <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> GOVERNMENT AFFAIRS |
| <input type="checkbox"/> MARKETING & 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 _____	
(Street address associated with Credit Card)	City State Zip
Signature: _____	Date: ____/____/____

Debit/Credit card payment can be made online at www.acctlv.org.

Make Checks payable to: African Chamber of Commerce & Tourism **Mail check to:** 4170 S Decatur Blvd| Suite A8 | Las Vegas, NV 89103

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

We thank you for your support!

Web site: www.acctlv.org | Email: info@acctlv.org

For official use:

Payment received: Credit _____ Check: _____ Representative: _____ Welcome Packet/Orientation _____ Date: _____