

Membership Application Form

Turkish American Chamber of Commerce & Industry
Midwest (www.TACCI-midwest.org)



BUSINESS INFORMATION (Corporate members)

Business Name: _____
Type of Business: _____ Industry: _____
Year Founded: _____ Number of employees: _____
Represented by (Contact Name/Title): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____
Website: _____

PERSONAL INFORMATION (Professional members)

First Name: _____ Last Name: _____
Title: _____ Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

DATE of Application: _____ Signature: _____

Membership Options (Monthly or quarterly payment options are available)

- Young Professionals (Ages 18-35)..... \$100/year
- Business Professionals and Trade Associations..... \$200/year
- Small-size Corporate Membership.....\$300/year
- Medium-size Corporate Membership.....\$500/year
- Premium Corporate Membership (Large Corporations)..... \$1000/year
- Prefer one-time contribution of \$.....

Payment Options

- AMEX MASTERCARD VISA DISCOVER

Card Number: _____ Exp. Date: _____

Name on the Card: _____

Check Enclosed (payable to TACCI-Midwest) Check Number: _____

Signature: _____ Date (MM/DD/YY): _____

For Official Use Only
APPROVAL#

DATE RECEIVED

APPROVED BY