

2006 MEMBER BENEFITS:

- Group Insurance Program
- Business Assistance Programs
- Access to Capital – M/WBE Micro Loan Fund
- Networking Receptions
- Education Seminars
- Business Development Roundtable Meetings
- ****Free Listing in the Business-to-Business Directory**
- ****Free Listing on the Business-to-Business Web Directory**
- Procurement Development Program
 - Hudson Valley PREP Program
- Media Coverage Opportunities:
 - Radio, Cable & Newsletter
- Expos & Interactive Networking Opportunities:
 - Legislative Business-to-Business Reception
 - Business-to-Business Exchange & Women's History Month Luncheon
 - Casino Night
 - Juneteenth Celebration
 - 10th Annual Awards Dinner
 - Women's Initiative
 - Golf Invitational
 - Book Signings
 - Member Receptions
 - Joint Venture Receptions
 - and much much more.....

(SMALL BUSINESS & CORPORATE members only)**

(Westchester) - 100 Stevens Avenue, Suite 202
Mount Vernon, NY 10550
Tel: 914-699-9050 Fax: 914-699-6279

(Rockland) - 50A South Main Street, Suite 206
Spring Valley, NY 10977
Tel: 845-000-0000

e-mail: RobinLisaDouglas@cs.com
www.africanamericanchamberofcommercenys.org

AFRICAN AMERICAN CHAMBER OF COMMERCE
OF WESTCHESTER AND ROCKLAND COUNTIES, INC.
100 Stevens Avenue, Suite 202
Mount Vernon, NY 10550
www.africanamericanchamberofcommercenys.org

2006 MEMBERSHIP APPLICATION





2006 MEMBERSHIP APPLICATION

Membership is for the year ending December 31, 2006. Please print or type your name and address as it should appear in the Chamber directory. (Deadline: 4/14/06)

() Mr. () Mrs. () Dr. () Ms. () Other _____

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____

Zip: _____ +4 _____

Tel: _____

Fax: _____

e-mail: _____

www: _____

Please indicate the following (Check only one item for each topic if applicable):

My organization is: () Private () Education () Municipal/Gov. () Health () Other _____

My organization is: () For Profit () Not-for-Profit My organization's principal product or service is (brief description):

Are you a certified M/WBE () Yes () No If yes, please indicate the types of certifiion you have.

❖ NOTE: Membership dues are tax-deductible to the full extent allowed by law.

Membership Fee Schedule:

Individual Member -- \$85.00 per year. \$ _____

Small Business Member -- \$225.00 per year. (SBM = 1 to 5 Employees. Fee schedule for larger firms available upon request.) No. of employees _____ \$ _____

Please indicate your sales volume. (Optional) () \$50K or less () \$50K to \$150K () \$150K to \$500K () \$500k to 1M () \$1M to \$5m () 5M +

Corporate Member -- \$1,500.00 per year. \$ _____

Method of payment: () Check () Credit Card

Make check payable to: African American Chamber of Commerce of Westchester and Rockland Counties, Inc. or AACCCWR

- () VISA
() MASTER CARD
() DISCOVER CARD
() AMERICAN EXPRESS

Card number _____ / _____
Expiration date

Card holder's name (Please PRINT or TYPE)

Card holder's signature _____

Upon receipt of your paid dues, you will receive: A membership card, chamber newsletter, invitations to member activities, member discounts to events, and entry in the business-to-business directory and member web page.

Please indicate how you heard about the Chamber.

2006 members will receive a paid one-year subscription of Black Enterprise Magazine (Small Business and Corporate Members only).

For additional information visit us on the Internet at:

www.africanamericanchamberofcommercenys.org

or

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NOTE: Directory deadline 4/14/06. Member updates on the web site will be done at the end of each month.