



**AFRICAN AMERICAN  
CHAMBER OF COMMERCE**  
WESTCHESTER & ROCKLAND COUNTIES INC.

**2010 MEMBER BENEFITS:**

- Group Insurance Program
- Business Assistance Programs
- Access to Capital – M/WBE Micro Loan Fund
- Networking Receptions
- Education Seminars
- Group Discount on Office Supplies
- Business Development Roundtable Meetings
- \*\*Free Listing in the Business-to-Business Directory
- \*\*Free Listing on the Business-to-Business WebDirectory
- Procurement Development Program
- Hudson Valley PREP Program
- Media Coverage Opportunities:
- Radio, Cable & Newsletter

- Expos & Interactive Networking Opportunities:
- Legislative Business-to-Business Reception
- 11th Annual Business-to-Business Exchange & Women's History Month Luncheon
- African American Book Festival
- 11th Annual Juneteenth Celebration
- 13th Annual Awards Dinner
- Women's Initiative
- Golf Invitational
- Holiday Classic
- Member Receptions
- Joint Venture Receptions
- and much much more...

*\*\*SMALL BUSINESS & CORPORATE Members Only.*

**WESTCHESTER:**

P.O. Box 3730  
Mount Vernon, NY 10553  
Tel: 914-699-9050 • Fax: 914-699-6279

E-mail: [info@aaccnys.org](mailto:info@aaccnys.org) / [www.aaccnys.org](http://www.aaccnys.org)

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OF WESTCHESTER AND ROCKLAND COUNTIES, INC.  
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WESTCHESTER & ROCKLAND COUNTIES, INC.



**2010  
MEMBERSHIP  
APPLICATION**

*"The right combination of savvy and support"*

[www.aaccnys.org](http://www.aaccnys.org)

# AFRICAN AMERICAN CHAMBER OF COMMERCE

WESTCHESTER & ROCKLAND COUNTIES INC.

## 2010 MEMBERSHIP APPLICATION

Membership is for the year ending December 31, 2010. Please print or type your name and address as it should appear in the Chamber directory. (Deadline: 4/14/10)

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 certification 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



VISA  MASTER CARD  AMERICAN EXPRESS  
 DISCOVER CARD

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.  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

For additional information visit us on the Internet at:

[www.aaccnys.org](http://www.aaccnys.org) or

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**NOTE:** Directory deadline 4/14/10. Member updates on the web site will be done at the end of each month.

