

AMERICAN INDIAN CHAMBER OF COMMERCE OF NORTH CAROLINA

9201 LEESVILLE ROAD, SUITE #220

RALEIGH, NC 27613-7540

www.aiccnc.org

info@aicnc.org

COMPANY MEMBERSHIP APPLICATION

This form is for company membership only. If you are joining as an individual, please fill out the "Individual Membership Application".

Company Name: _____

Contact Person: _____ Referred by: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business/Profession: _____

Telephone (Including Area Code): _____ Facsimile: _____

E-Mail Address: _____ Web Address: _____

Tribal Affiliation (if any): _____ Enrollment Number (if any): _____

Dun & Bradstreet Number: _____

Certified SDB?: _____ Certified 8(a)?: _____ Certified HUB?: _____ Women Owned?: _____

Goods and Services: North American Industry Classification System (Provide at least one NAICS Code.)

NAICS Code: _____

MEMBERSHIP CATEGORY

(We are a 501 (c)(3) registered organization, membership dues and donations are tax deductible)

Check one		American Indian	Non-American Indian
<input type="checkbox"/>	Non-Profit Organization or Government Agency	\$100.00	\$200.00
<input type="checkbox"/>	Small Business (<100 employees)	\$100.00	\$200.00
<input type="checkbox"/>	Mid-Sized Corporation (100-500 employees)	\$500.00	\$1,000.00
<input type="checkbox"/>	Large Corporation (>500 employees)	\$1,250.00	\$2,500.00
<input type="checkbox"/>	Golden Eagle Advisor	\$5,000.00	\$10,000.00

I understand that membership entitles me all rights and privileges as appropriate to the membership category subscribed.

Only one person per company may have voting rights or serve on the Board of Directors of the Chamber. The company's designated voting person will be stated in writing.

Please make check payable to: AICCNC (American Indian Chamber of Commerce of North Carolina)

Mail to: AICCNC (American Indian Chamber of Commerce of North Carolina)

9201 Leesville Road, Suite 220, Raleigh, NC 27613-7540

Signature

Date

AMERICAN INDIAN CHAMBER OF COMMERCE OF NORTH CAROLINA

APPLICANT INFORMATION REQUEST

Dear Applicant:

Please provide the Chamber with your business biography and any other information that might assist us in describing your services to the community. These general questions will assist our office in promoting and networking your business and services. Please attach any company literature or brochures that our office could distribute. It will also enhance our response to informational requests from other businesses. If you have any questions, please contact the AICCNC office at (919) 510-9696. Thank you.

_____ Would you like additional information on becoming an AICCNC Board Advisor?

_____ Would you or a representative from your company like to be a Board Advisor for your region of the AICCNC?

_____ Would you or a representative from your company like to be a statewide Board Member of the AICCNC?

_____ What is the estimated yearly gross revenue of your company?

_____ How many employees does your company have?

_____ What is your gross annual payroll?

_____ How many American Indians does your company employ?

_____ When did your company start?

_____ Can you volunteer 2-4 hours or more per month of your time on a Chamber committee?

_____ Do you know anyone who may benefit from a membership with the American Indian Chamber of Commerce of North Carolina?

If yes, please list their names, place of business, address and phone number with area code.

Comments:

Thank you for completing the above information. It will greatly assist us in understanding our members.