AFRICAN AMERICAN CHAMBER OF COMMERCE OF WESTERN PENNSYLVANIA **APPLICATION FORM**

Name/Title_____

Job Category_____

Company/Organization/Association_____

Address_____

City_____State_____Zip code_____

Telephone_____Fax_____E-mail_____

Website Address: _____

Type of Membership: Self Employed Small Business Supporting Membership Associate/Non-Profit

Chairman's Circle Financial Institutions (Under $500 million in Assets) Financial Institutions (Over $500 million in Assets) Corporate Sponsor Presidential Roundtable Membership

Enclosed is my check for annual membership dues in the amount of $_____. I understand this covers the membership period of one-year and is renewable on the anniversary of that date.

Signature_____Date_____Referred By:_____

Self-Employed
(Less than $200,000 in Annual Revenue) $200

Small Business
($200,000 to $2 million in Annual Revenue) $300

Supporting Membership
(Majority Small Business) $300

Associate/Non-Profit
(More than $2 million in Annual Revenue) $500

Chairman's Circle
(African American Business Only) $1,250

Financial Institutions:

Under $500 million in Assets: $1,250

Over $500 million in Assets: $3,000

Corporate Sponsorship: $3,000

Presidential Roundtable: $5,000