



**Caribbean American Chamber
Of Commerce and Industry, Inc. (CACCI)**

MEMBERSHIP APPLICATION

New _____ Renewal _____

Application Date _____ Contact Person Name _____ Title _____

Name of Business/Organization _____ Business Type _____

Address _____ City _____ State _____ Zip _____ Country _____

Tel. No. _____ Fax No. _____ Cell No. _____

Website Address _____ E-Mail Address _____

Total Annual Gross Sales _____ Total No. of Employees _____

Description of Product/Services _____

Referred to CACCI by _____ Name of Company (Referral) _____

I authorize CACCI to list my Business Name/Tel./Fax/E-mail under the appropriate category for 1 year Membership.

Name (Please Print) _____ (Signature of Authorization) _____

____ \$150.00 – Small/New Business/ Non-profit Organization

____ \$375.00 - Mid-Size Businesses Annual Sales -- less than \$3 million

CHARGE MY Visa Master Card Discover Amex. Card # _____

Print Name (on card) _____ Cardholder's Signature _____ Exp. Date _____

Enclosed please find my membership check in the amount of: \$ _____

Please make check/money order payable & mail to:

CACCI: Brooklyn Navy Yard, 63 Flushing Ave, Unit 239, Bldg. #5, Brooklyn, NY 11205

For information, questions or business assistance contact: CACCI Tel.: (718) 834-4544 -- Fax: (718) 834-9774

E-mail: Info@caribbeantradecenter.com Website: CaribbeanTradeCenter.com

For office use only

Date Received _____ Date Reviewed _____ Approved _____ Other _____ Expiration Date _____