

KOCHAM MEMBERSHIP APPLICATION

		Membership Fee <i>(Official Use ONLY)</i>	\$
Part I. Membership Category			
General Membership ()		Special Membership ()	
Part II. Membership Information			
Company Name			
Street			
City, State, Zip			
Phone		Fax	
Email		Website	
Part III. Representatives			
Chief Representative			
Name		Title	
Phone		Email	
Contact Representative			
Name		Title	
Phone		Email	
Part IV. Company Information			
Type of Business			
Number of Employees		Annual Revenue	\$
Products/Services			
Parents Company (if any)			
Part V. Briefly State Reasons for Joining the Chamber			

Please send a membership application by fax to 212-644-9106, or by email (admin@kocham.org)

Name : _____

Singature: _____

Date: / /