

## MEMBERSHIP APPLICATION

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

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:     /     /