



NEW YORK SOUTH ASIAN CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION FILL IN CAPITAL LETTERS ONLY

Name _____

Business Name: _____

Mailing Address

Address _____

City _____ State _____ Zip _____

Physical Address

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Fax _____ Email _____

Website Address _____

Facebook User Name _____ Twitter Handle _____

Instagram User Name _____

Preferred Method of Receiving Chamber Information

Please circle: Email FAX WhatsApp

Membership Annual Dues: *(please choose one)*

Business Size:

1-5 employees - \$100

6-10 employees - \$200

11-20 employees - \$300

21-50 employees - \$600

51-100 employees - \$1,000

Above 100 please call 516-581-2314

By submitting this form the applicant agrees to all the terms of the New York South Asian Chamber of Commerce as set forth in the bylaws of the organization.

Please Make a Check Payable to: New York South Asian Chamber of Commerce

Signature _____ Date _____