



Atlanta Metropolitan Black Chamber of Commerce

Membership Application

Date _____

SELECT A COMMITTEE/COUNCIL

COMMITTEES/COUNCILS

- None
- Membership Committee
- Marketing Committee
- Training & Professional Development
- Special Events Committee
- Business and Economic Development
- Community Affairs Council
- Government (Policy & Law) Council
- Other _____

DIRECTORY LISTING

- Arts and Entertainment
- Automotive
- Business and Professional Service
- Community and Civic Groups
- Computer and Electronics
- Construction and Contractors
- Education
- Food and Dining
- Government and Agencies
- Health and Medicine
- Home and Garden
- Industry and Agriculture
- Media and Communication
- Personal Care and Services
- Real Estate
- Travel and Transportation
- Other _____

What are your current needs?

- Referrals
- Advertising
- HR / Staffing / Intern
- Education/ Training
- Professional Advice
- Other _____

Last Name	First Name	Middle Initial
Title		
Company/Organization Name		
Address		
City ()	State ()	Zip Code ()
Office Phone	Fax ()	
Email	Cell Phone	
Website		
Industry		
Brief Company Description:		

Investment Information

- Executive Membership **\$1000.00**
 - Small Business Membership (11-20 employees) **\$500.00**
 - Small Business Membership (1-10 employees) **\$250.00**
- TOTAL AMOUNT ENCLOSED** \$ _____
- Invoice me via paypal for the membership indicated** \$ _____

PAYMENT OPTIONS

Make checks or money orders payable to: *Atlanta Metropolitan Black Chamber of Commerce (AMBCC)*
P.O. Box 15421 Atlanta, Georgia 30333-Fax 770-972-6167 or online www.AtlantaMetroBlackChamber.org
All invoices must be paid within 30 days.

Signature _____ Date _____

Sponsor: I, _____, hereby recommend this applicant for membership. Signature _____ Membership ID _____
