

AFRICAN AMERICAN
CHAMBER OF COMMERCE
WESTCHESTER & ROCKLAND COUNTIES INC.

2012 MEMBER BENEFITS:

- Group Insurance Program
 - Business Assistance Programs
 - Access to Capital – M/WBE Micro Loan Fund
 - Networking Receptions
 - Education Seminars
 - Group Discount on Office Supplies
 - Business Development Roundtable Meetings
 - **Free Listing in the Business-to-Business Directory
 - **Free Listing on the Business-to-Business WebDirectory
 - Procurement Development Program
 - Hudson Valley PREP Program
 - Media Coverage Opportunities:
 - Radio, Cable & Newsletter
 - Expos & Interactive Networking Opportunities:
 - Legislative Business-to-Business Reception
 - 12th Annual Business-to-Business Exchange & Women's History Month Luncheon
 - African American Book Festival
 - 12th Annual Juneteenth Celebration
 - 10 Influential Blacks Networking Reception
 - 15th Annual Dinner
 - Women's Initiative
 - Mini Golf Invitational
 - Holiday Classic
 - Member Receptions
 - Joint Venture Receptions
- and much much more...

(* **SMALL BUSINESS & CORPORATE Members Only)

WESTCHESTER:

P.O. Box 3730

Mount Vernon, NY 10553

Tel: 914-699-9050 • Fax: 914-699-6279

ROCKLAND: Location TBA

Spring Valley, NY 10977

Tel: 845-000-0000

E-mail: info@aaccnys.org

www.aaccnys.org

AFRICAN AMERICAN CHAMBER OF COMMERCE
OF WESTCHESTER AND ROCKLAND COUNTIES, INC.

P.O. Box 3730

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2012
MEMBERSHIP
APPLICATION

1996 – “The right combination of savvy and support” – 2012

www.aaccnys.org

**AFRICAN AMERICAN
CHAMBER OF COMMERCE**
WESTCHESTER & ROCKLAND COUNTIES INC.

2012 MEMBERSHIP APPLICATION

Membership is for the year ending December 31, 2012. Please print or type your name and address as it should appear in the Chamber directory. (Deadline: 4/12/12)

Mr. Mrs. Dr. Ms. Other _____

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____

Zip: _____ +4 _____

Tel: _____

Fax: _____

E-Mail: _____

www. _____

Please indicate the following (Check only one item for each topic if applicable):

My organization is: Private Education
 Municipal/Gov. Health Other _____

My organization is: For Profit Not-for-Profit
My organization's principal product or service is:
(brief description):

Are you a certified M/WBE Yes No
If yes, please indicate the types of certification you have.

❖ **NOTE:** Membership dues are tax-deductible to the full extent allowed by law.

Membership Fee Schedule:

Individual Member -- \$85.00 per year.

\$ _____

Small Business Member -- \$225.00 per year.

(SBM = 1 to 5 Employees. Fee schedule for larger firms available upon request.)

No. of employees: _____

\$ _____

Please indicate your sales volume. (Optional)

\$50K or less \$50K to \$150K \$150K to \$500K
 \$500k to 1M \$1M to \$5M 5M+

Corporate Member -- \$1,500.00 per year.

\$ _____

Method of payment: Check Credit Card

Make check payable to: African American Chamber of Commerce of Westchester and Rockland Counties, Inc. or AACCCWR



VISA MASTER CARD AMERICAN EXPRESS
 DISCOVER CARD

Card Number _____ / _____ Expiration Date

Card Holder's Name (Please PRINT or TYPE)

Card Holder's Signature

Upon receipt of your paid dues, you will receive: A Membership Card, Chamber Newsletter, Invitations to Member Activities, Member Discounts to Events, and Entry in the Business-To-Business Directory and Member Web Page.

Please indicate how you heard about the Chamber.

For additional information visit us on the Internet at:
www.aaccnys.org or

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Spring Valley, NY 10977
Tel: 845-000-0000

Email: info@aaccnys.org
(General)
events@aaccnys.org

NOTE: Directory deadline 4/12/12. Member updates on the web site will be done at the end of each month.



AACC
WESTCHESTER & ROCKLAND COUNTIES