



SOUTH ASIAN CHAMBER OF COMMERCE

1967 State Route 27. Suite # 15, Edison, NJ-08817

Tel: (732) 902-2106 / Fax: (732) 333-5872

Email: info@southasianchamber.com

MEMBERSHIP APPLICATION

NAME: _____

COMPANY NAME: _____

TYPE OF BUSINESS: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CELL: _____ E-MAIL: _____

REFERRED BY: _____

Please enroll me as a member of South Asian Chamber of Commerce - SACC. as under

Annual Individual Membership \$100 a year Corporate Membership \$250 a year

Paid by: [] Cash: [] Check No: _____ Credit Card []

Credit Card Details:

Credit Card No. _____ Credit Card Type _____

Card Security Code: _____ Expiration Date: _____

Billing Name: _____

Billing Address: _____

City/State/Zip: _____

Authorization Signature: _____

Thank you for joining South Asian Chamber of Commerce or renewing your membership.

Note: Membership fees are non-refundable. Please make check payable to "South Asian Chamber of Commerce." Please return completed Application via email, fax or mail to the above address.

Visit us: www.southasianchamber.com