



**POLISH AMERICAN CHAMBER OF COMMERCE**  
**Membership Application**

5214 W. Lawrence Ave., Suite No. 1, Chicago, IL60630

tel./fax

773.205.1998

www.polishamericanchamber.org

Type of Membership ..... Date .....

First Time Applicant ..... Referred by..... Membership Renewal .....

**Company Information**

Company Name .....

Type of Company or Operation for Inclusion on Chamber's Website

.....  
.....

Address ..... City ..... Zip Code .....

Federal Employer ID No ..... Year Company Established.....

Phone ..... Fax .....

E-mail ..... Website .....

**Primary Contact**

Primary contact's name .....

Home Address .....

Home or Cell Phone .....

**Membership Dues**  
**(4% fee will be added to payments by credit card)**

.....Start-up \$300

.....Corporate \$500

.....Gold \$1,000

.....Platinum \$3,000

.....Individual \$200

.....Student \$25

Applicant's signature.....

**Payment:** ☐ Check enclosed ☐ Visa ☐ MasterCard ☐ American Express

No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CCV#: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature .....

Date .....