

Regional Membership Application

Information

Company Name: _____

Tax Number in EE.UU.: _____

Business Activity: _____

Products or services: _____

Address: _____

Phone: _____ Fax: _____

Web Page: _____ General Email: _____

Company Information

Year when the company was established: _____

Country: _____

Number of Staff members: _____

Company Size: Small Medium Big

Economic Activity: Industry Trade Services Industry & Trade

Origin of Capital: USA Other Country

Franchise Representation

Annual sales in the region: US\$ 1,000,000 US\$1,000,001 - US\$ 5,000,000

US\$5,000,001 - US\$ 50,000,000 More than US\$ 50,000,000



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Name of the President: _____ E-mail: _____

Name of the General Manager/CEO: _____ E-mail: _____

Name of the person in charge of the region: _____

Mailing Address: _____ E-mail: _____

Direct Dial: _____ Fax: _____

What is the interest of the company in becoming a member of AMCHAM in DR-CAFTA countries?

Payment Information

Registration Fee: \$ 480

Annual Fee: \$ 3,000

Check Payable to AACCLA

Signature of DR- CAFTA AMCHAMS

Signature President of the Company

