



IRANIAN - AMERICAN CHAMBER OF COMMERCE
390 West S.R. 434 Suite 102 Longwood, FL. 32750

Central Florida
WWW.IACC-CFL.COM

Membership Application

Member Information: _____ Date: _____

First Name: _____ Last Name: _____

Business Name: _____

Nature of Business: _____

Mailing Address: _____

Phone #1: _____ Phone #2: _____

Email: _____

Website: _____

Committee Involvement Preference

(Mark all that interest you)

Cultural | Governmental | Membership | Networking

Payment Information

Method:

Cash Check _____
Check No.

Signature: _____

Annual Membership Fees

- | | | |
|--------------------------|---------------------------|----------------|
| <input type="checkbox"/> | Founding Member: | \$1000. |
| <input type="checkbox"/> | Corporate Sponsor: | \$500. |
| <input type="checkbox"/> | Individual: | \$100. |
| <input type="checkbox"/> | Family: | \$110. |

Spouse Name **Students & Senior Citizens:** *Spouse Email* **\$10.**