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 ☐ PayPal _____ ☐ Check _____

*Reference No.* *Check No.*

Signature: _____

☐ **Founding Member (lifetime member):** **$1000.**

### Annual Membership Fees

☐ **Corporate Sponsor:** **$250.**

☐ **Individual:** **$35.**

☐ **Family (Husband & Wife)** **$60.**

_____ _____

***Spouse Name*** ***Spouse Email***

☐ **Students:** **$10.**