



# JOIN CAMACOL

THE LATIN CHAMBER OF COMMERCE OF THE USA

COMPANY NAME

COMPANY ADDRESS

INDUSTRY SECTOR

COMPANY'S WEBSITE

CONTACT NAME AND LAST NAME

OFFICE NUMBER

CONTACT'S TITLE

CELLPHONE NUMBER

E-MAIL ADDRESS

APPLICATION DATE

WERE YOU REFERRED TO THE CHAMBER BY ANOTHER BUSINESS?

YES  NO

WERE YOU REFERRED TO THE CHAMBER BY A STAFF MEMBER OR BOARD MEMBER?

YES  NO

(STAFF ONLY)

(STAFF ONLY)

WOULD YOU LIKE TO SUBSCRIBE TO OUR MONTHLY NEWSLETTER?

YES!  NOT NOW

## BILLING INFORMATION

PAYMENT METHOD:

CHECK  MONEY ORDER

MAKE CHECK PAYABLE TO:  
THE LATIN CHAMBER OF COMMERCE OF  
USA

CREDIT CARD

VISA  MASTERCARD  AMEX

CREDIT CARD NUMBER

NAME ON CARD

EXP. DATE

SEC. CODE

BILLING ADDRESS

MEMBERSHIP DUES  
(TAX DEDUCTIBLE)

MEMBERSHIP NUMBER  
(STAFF ONLY)

AUTHORIZED SIGNATURE