JOIN CAMACOL

The Latin Chamber of Commerce of the USA

Date

Business / Organization Information
Business Name
DBA (if different)
Business Address
City State ZIP
Website Business Phone
Primary Email Year Business Established

Business Category / Industry (for directory listing – select primary one or describe)

Primary Contact Information
First Name Last Name
Title/Position
Office Phone Cell Phone
Email

Please note your desired Membership Tier

Total Amount Due $

Payment Information
I authorize the **Latin Chamber of Commerce of the USA** (**CAMACOL**) to charge the total amount due above to my credit card for membership dues.

Credit Card Type (check one)

[ ] Visa [ ] MasterCard [ ] American Express [ ] Discover

Cardholder Name (as it appears on card)
Credit Card Number
Expiration Date / CVV / Security Code
Billing Address (if different from business address)
City/State/ZIP

Authorization
I authorize the above charge in the amount of $ and understand that membership dues are non-refundable after processing. Membership is effective upon receipt and approval of this payment. I agree to abide by the Chamber's bylaws, code of ethics, and membership.

Signature of Authorized Representative Date
Printed Name

Were you referred by another CAMACOL Member? ☐ Were you assisted by a CAMACOL Staffer? ☐