



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?