



## AFFILIATE MEMBERSHIP APPLICATION

Company Name: .....

Name of Affiliate Member: .....

Title: .....

Citizenship: ..... If from U.S. from which state: .....

Birthdate (DD/MM/YYYY): .....

Complete Address: .....

.....

Telephone Number: ..... Ext: .....

Fax Number: .....

Mobile Number (optional, to be used only in emergencies): .....

Business E-mail: .....

I would like to receive all AmCham correspondence by:  E-mail  Fax  Both

Name of Personal Assistant: .....

Email of Personal Assistant: .....

Membership in other associations: .....

What do you hope to gain from your membership at AmCham?

.....

.....

How did you know about AmCham? .....

Name of Spouse: .....

Hobbies: .....

Applicant's Signature: ..... Date: .....

Principal Member's Name: .....

Principal Member's Signature: ..... Date: .....

*(This application may be deemed invalid if Principal Member's signature is not available)*

## AFFILIATE MEMBERSHIP FEES

Membership in this category is open to individual staff members of companies, which are already members of the Chamber. Principal members may apply to the Board for change of their affiliate members at any time.

**MEMBERSHIP FEES ARE NON REFUNDABLE UNLESS APPLICATION IS NOT ACCEPTED BY THE AMCHAM BOARD OF GOVERNORS, OR IF THE COMPANY DOES NOT RENEW**

	<u>ANNUAL DUES</u>	<u>ENTRANCE FEE</u>
AFFILIATE	\$475	_____

**WHEN SUBMITTING YOUR APPLICATION, PLEASE BE SURE THAT YOU HAVE ATTACHED THE FOLLOWING:**

### **Requirements:**

1. Payment in US dollars made payable to: *American Chamber of Commerce in Egypt*
  - Cash
  - Check
  - Credit Card:       Visa                       Mastercard                       American Express(Please attach copy of credit card, front & back, and provide your signature)

Card #: ..... Exp. Date: .....

2. Resume of member & 2 ID photos. **(BUSINESS ATTIRE)**

**NOTE: THIS APPLICATION MAY BE DEEMED INVALID IF THE ABOVE ATTACHMENTS ARE NOT MADE. ALL NEW APPLICATIONS ARE SUBMITTED FOR APPROVAL TO THE BOARD OF GOVERNORS AT THEIR REGULAR MONTHLY MEETING.**

Return Application & Attachments to:

*AMERICAN CHAMBER OF COMMERCE IN EGYPT  
33, Soliman Abaza Street, Dokki*

Cashier hours are from 9:00 a.m. till 2:00 p.m.

## COMMITTEES MEMBERSHIP

- |     |         |   |
|-----|---------|---|
| 1.  | (-----) | Banking and Finance                           |
| 2.  | (-----) | Corporate Governance                          |
| 3.  | (-----) | Corporate Social Responsibility (CSR)         |
| 4.  | (-----) | Customs & Taxation                            |
| 5.  | (-----) | Education                                     |
| 6.  | (-----) | Energy  |
| 7.  | (-----) | Environment                                   |
| 8.  | (-----) | Health & Pharmaceuticals                      |
| 9.  | (-----) | Human Resources                               |
| 10. | (-----) | Industry                                      |
| 11. | (-----) | Information & Communications Technology (ICT) |
| 12. | (-----) | Insurance                                     |
| 13. | (-----) | International Cooperation                     |
| 14. | (-----) | Investment & Capital Market                   |
| 15. | (-----) | Legal Affairs                                 |
| 16. | (-----) | Marketing                                     |
| 17. | (-----) | Real Estate                                   |
| 18. | (-----) | Transport                                     |
| 19. | (-----) | Travel & Tourism                              |
| 20. | (-----) | Women in Business                             |

*N. B. (Please mark all what applies)*