



GREATER HAITIAN AMERICAN CHAMBER OF COMMERCE

Redefining Haitian American Business

MEMBERSHIP APPLICATION

Applicant Information

Name:

D.O.B. (optional):

Phone:

Cell:

Current Address:

City:

State:

ZIP Code:

Email Address:

Business Information

Business name/Current employer:

Website URL:

MEMBERSHIP LEVEL

Student (\$20)

Professional (\$50)

Business (\$150)

Signatures

Signature of applicant:

Date:

Name of Board Member:

Signature:

Date:

FOR OFFICE USE ONLY

Cash Check Credit card

Accepted/ Declined

www.ghacc.org

ghaccmembership@gmail.com

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www.facebook.com/ghacc