



Philippine American Chamber of Commerce of Illinois

5850 N. Lincoln Ave., Suite 208, Chicago, IL 60659, United States of America
Office: 1 (773) 281-6110 Fax: 1 (773) 922-1611 e-fax: (800) 505-8753
Website: www.paccil.com or www.paccil.org E-mail: info@paccil.com

Application for Membership

(Please type or print clearly)

Sponsored by: _____

Company Name: _____

Applicant Name: _____ Title: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

Mobile Phone: _____ Email Address: _____ Website: _____

Mailing Address: _____

(If different from street address)

Federal ID Number: _____ State Business License Number: _____

(Social Security number if individual)

(Copy of license is required)

Business Classification: _____

Please provide a short summary of your business including number of years in business and areas of focus of business. (If you prefer, please attach a summary on a separate sheet of paper).

What do you expect from the PACCIL? _____

What can you contribute to the PACCIL mission and objectives? _____

Are you interested in volunteering on a Chamber committee? yes no

Sworn Statement

I certify that all information provided in this application is accurate. I understand omission of any information may delay or cause rejection of my application. I give PACCIL the right to verify all information provided. I understand that providing false information will be grounds for rejection or denial of my application. I recognize that PACCIL can at any time terminate my membership if I violate the constitution and bylaws of the PACCIL. All materials submitted become the property of PACCIL and that this information will be kept strictly confidential. If approved for membership, I will abide by the rules promulgated by PACCIL.

Print Name Applicant Signature Title Date

Membership Investment Schedule (Deductible as a business expense as allowed by law)

Group: Number of Employees	Investment	Number of Employees	Investment
I-4	\$195.00		
5-10	\$275.00		
11-20	\$315.00	School Districts & 501c3 NFP	\$250.00
21-30	\$375.00	Hotel/Hospital/Nursing Home	\$4.00/per bed
31-50	\$425.00	Financial Institutions	\$17 per million asset
51-75	\$450.00	(minimum investment)	\$600.00
76-100	\$525.00	Non-Profit/Civic/Charitable	
101-150	\$585.00	(Professional and/or Trade	
151-300	\$730.00	Associations by # of employees)	\$210.00
301-500	\$875.00		
501 Plus	\$975.00		
Individual Regular Membership	\$150.00		
Individual Associate Membership	\$125.00		
One time Application Fee	\$100.00		

Please return application with investment check to the above address

ACTION TAKEN BY PACCIL BOARD OF DIRECTORS:

Approved Disapproved

Secretary Date

President Date