



Membership Application

American Punjabi Chamber of Commerce

10 N. Wilson Way, Stockton CA-95205 Phone:: (209)403-9276 Fax (209) 463-6046

MEMBERSHIP NAME _____

(As it is to appear in all official records)

Physical Address _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Designated Representative(s) _____

Company Website _____ Email _____

Do you want to receive your newsletter hardcopy in the mail or electronically? _____

TYPE OF BUSINESS : ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____

When was business started / acquired? _____ # of Employees _____ Area serviced _____

Brief (50 words or less) description of your business, including services and/or products offered. (Separate Electronic file preferred). This information will be used in an upcoming issue of the Chamber's quarterly – *NEWS LETTER*

We reserve the right to edit your profile for *NEWS LETTER*.

Please indicate areas that you may want to participate:

Networking / Business Contacts ☐ Advertising / Business Promotion ☐ Professional Development ☐
Business Issues (Governmental Affairs & Economic Development) ☐ Public / Community Affairs ☐

Applicant Signature _____ Date _____

Total Amount Due \$ _____ Referred by _____

Office Use



Membership Application

Copy to officer File _____ Member No. _____ Website _____ Business _____

Plaque _____ Paid \$ _____

Plaque _____ Paid _____