



NY Women's Chamber of Commerce (NYWCC)
 Membership Application
 www.nywcc.org

Please accept my application and dues for membership in the Women's Chamber of Commerce. With this application, I pledge my support to promote the organization's mission and its activities.

Your Name (Ms. /Mr.): _____ Title: _____
 Contact Name: _____ Business Name: _____
 Street Address: _____ City/State/Zip: _____
 Telephone: _____ Fax: _____
 E-mail: _____ Website: _____

Membership Fee Scale:

<input type="checkbox"/> Individual	\$100.00
Business Membership:	
<input type="checkbox"/> 3-5 Employees	\$250.00
<input type="checkbox"/> 6-11 Employees	\$500.00
<input type="checkbox"/> 12-21 Employees	\$1000.00
<input type="checkbox"/> 22-40 Employees	\$2,000.00
<input type="checkbox"/> 41-100 Employees	\$3,000.00
<input type="checkbox"/> 101-300 Employees	\$5,000.00
<input type="checkbox"/> 301-500 Employees	\$10,000.00

**"Take advantage now"
 Become a Member *before*
January 31, 2007 and your
 Membership is free.**

*This offer does not apply to
 companies with more than
 1 million dollars in revenues*

For more than 500 employees, please contact us at (212) 491-9640 to arrange for membership.

Please rate from 0 to 10 the Chamber services that are important to you (10 being the highest rating).

<input type="checkbox"/> One-On-One Business Counseling	<input type="checkbox"/> Marketing/Promotion Access to Capital	<input type="checkbox"/> Employment /Career Counseling
<input type="checkbox"/> Access to Markets	<input type="checkbox"/> Educational Seminars	<input type="checkbox"/> Professional Development
<input type="checkbox"/> Networking	<input type="checkbox"/> Money-Saving Programs	<input type="checkbox"/> Procurement/Government contracts
<input type="checkbox"/> Export Assistance	<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Government Relations	<input type="checkbox"/> Mentoring	

At what level of involvement do you intend to participate? (Check all that apply)

<input type="checkbox"/> Present at workshops/panels	<input type="checkbox"/> Become a mentor
<input type="checkbox"/> Lead roundtable discussions	<input type="checkbox"/> Join a working committee

Membership Committees:

<input type="checkbox"/> Marketing Committee	<input type="checkbox"/> Leadership & Mentoring Committee
<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Career & Education Committee
<input type="checkbox"/> Public Affairs Committee	<input type="checkbox"/> NY Women of Excellence Award Committee
<input type="checkbox"/> Fundraising & Development Committee	<input type="checkbox"/> Bring Our Daughters and Sons to Work Committee
<input type="checkbox"/> Building Strategic Alliances Committee	<input type="checkbox"/> Other _____
<input type="checkbox"/> Business Development Committee	

I would like to participate in the Member-to-Member Discount Program and provide a fellow member with _____% Discount.

Referred by: _____

Signature of Applicant _____ Date: _____

Please fill out the back of this page

Business Profile

Type of Business (Select all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Designer | <input type="checkbox"/> Street Vendor | <input type="checkbox"/> Not-for-Profit |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Services |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Import/Export | <input type="checkbox"/> Other _____ |

Industry (Select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Mail Order |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Food/Beverage Service | <input type="checkbox"/> Media |
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Furniture and Fixtures | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Beauty/Cosmetology | <input type="checkbox"/> Fashion | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Construction | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Chemical/Pharmaceutical | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Electrical/Electronic | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Lumber | <input type="checkbox"/> Travel Services |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Marketing | <input type="checkbox"/> Other _____ |

Number of employees: _____

Describe services or products offered: _____

Other locations (if any): _____

When was the business started (give month and year): _____

How is the business organized?

- Sole proprietorship Partnership "S" Corporation "C" Corporation Limited Liability Company (LLC) Not-for-profit

Principal Owners: _____

Are you a woman or minority owned business? Yes No Owned by woman & man, _____ % owned by women

_____ (Hispanic/ Latino) _____ (African American) _____ (Asian)

Are you certified as a Women or Minority Owned Business?

Yes No

If Yes which agency? _____

Please give the contact information of people who may be interested in becoming members

Company	Contact Person	Address	Phone	E-mail
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Mail completed application with your check or money order to:

New York Women's Chamber of Commerce

1524 Amsterdam Ave

New York, NY 10031

Tel: 212- 491-9640, Fax: 212-491-6019

nywomenschamber@aol.com