



German-American Chamber of Commerce, Inc.  
 One Penn Center, Suite 340  
 1617 John F. Kennedy Boulevard  
 Philadelphia, PA 19103  
 Tel. +1 215 665-1585 / fax. +1 215 665-0375  
[info@gaccphiladelphia.com](mailto:info@gaccphiladelphia.com) / [www.gaccphiladelphia.com](http://www.gaccphiladelphia.com)

## Membership Application

I/We, the undersigned, desire to be admitted to Membership in the German-American Chamber of Commerce, Inc. – Philadelphia.

### ANNUAL MEMBERSHIP DUES

Please select the desired Membership Level

- Senior Corporate Member .....\$ 900.00
- National Corporate Member ..... \$ 600.00
- Regional Corporate Member .....\$ 300.00
- Individual Member.....\$ 150.00
- Student Member ..... \$ 35.00

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please complete the information below. To list additional contact persons, please see reverse side!**

Company Name*:	
Product/Service*:	
Description*:	
Subsidiary of*:	<b><i>1<sup>st</sup> Contact Person:</i></b>
Address:	Name:
	Title:
	Phone:
	Fax:
www:	eMail:

*\*If you need more space, please feel free to attach additional pages as needed.*

### PAYMENT METHOD

Please select one of the follow payment methods.

- Check (Payable to the German-American Chamber of Commerce, Inc. – Philadelphia)
- Credit Card (See attached form)



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*Please note:*

**Senior Corporate** members are entitled to list up to **6** contact persons.

**National Corporate** members are entitled to list up to **4** contact persons.

**Regional Corporate** members are entitled to list up to **2** contact persons.

**Individual** members are entitled to list their **own name and home address**.

**Student** members are entitled to member discounts for events and publications.

<i>2<sup>nd</sup> Contact Person:</i>	<i>3<sup>rd</sup> Contact Person:</i>
Name:	Name:
Title:	Title:
Phone:	Phone:
Fax:	Fax:
eMail:	eMail:

<i>4<sup>th</sup> Contact Person:</i>	<i>5<sup>th</sup> Contact Person:</i>
Name:	Name:
Title:	Title:
Phone:	Phone:
Fax:	Fax:
eMail:	Email:

<i>6<sup>th</sup> Contact Person:</i>
Name:
Title:
Phone:
Fax:
eMail:

**Please return to:**

**German-American Chamber of Commerce, Inc. – Philadelphia**

1 Penn Center, Suite 340

1617 John F. Kennedy Boulevard

Philadelphia, PA 19103

Phone: (215) 665-1585      Fax: (215) 665-0375

Email: [admin@gaccphiladelphia.com](mailto:admin@gaccphiladelphia.com)

**Thank You!**



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**Payment By Credit Card**

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of credit card:

Visa       MasterCard       American Express       Discover

Credit card number: \_\_\_\_\_

CVV (Card Verification Value): \_\_\_\_\_

Valid until: \_\_\_\_\_

Purpose: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Hereby, I authorize the German-American Chamber of Commerce, Inc. – Philadelphia to debit my credit card with the amount mentioned above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_