

MEMBERSHIP APPLICATION

THE GUYANESE AND AMERICAN BUSINESS AND PROFESSIONAL COUNCIL (GABPC)

The undersigned hereby applies for membership in GABPC.

Company: _____

Contact person: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Telefax: _____

E-Mail: _____

Brief description of your company's business activity: _____

Please indicate below what class of membership applied for.

CLASSIFICATION ANNUAL

MEMBERSHIP DUES

- | | |
|---|------------|
| <input type="checkbox"/> Corporate Level 1 | \$3,000.00 |
| <input type="checkbox"/> Corporate Level 2 | \$1,200.00 |
| <input type="checkbox"/> General Membership | \$ 325.00 |
| <input type="checkbox"/> Individuals | \$ 100.00 |
| <input type="checkbox"/> Students | \$ 25.00 |

Please enclose check or fill in the information below for credit card payment. We regret that your application will not be valid without an enclosed check made out to GABPC. You may also make your payments through PayPal by going to www.gabpc.org under the join section of our menu page. Fees reflect annual membership.

Date of Application

Signature of Applicant

Please send your application to: **109-46 Van Wyck Expressway,
South Ozone Park, NY 11420**

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: 718-301-6272 OR BY REGULAR MAIL.

NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card):



Amount Charged: \$ _____ (USD)

Apply Amount to:

FAX or send the authorization to: 109-46 Van Wyck Expwy, South Ozone Park, NY 11420
Phone/Fax: (718) 301-6272

Additional contact listings

We offer you the opportunity to register additional contact persons within your company. The persons listed below will receive information from our organization and invitations to upcoming events.

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

