



Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Which College/University did you attend?

Nature of your business/Industry vertical:

Briefly describe the type/activities of your business:

Please describe why you are joining the Irish Chamber:

How did you hear about the Irish Chamber/Who referred you?

If joining as a Corporation or Mid-Size Firm, please list additional members (and contact information):

What do you wish to gain from your membership?



Membership Category (circle one) Please see www.iabcn.org for a full description of all levels of membership.

Ambassador Club Sponsor (7 members)
(\$10,000 initial sponsorship, \$1000 annual dues)

Large Corporate Member (5 members)
(\$1000 annual dues)

Midsize Firm Member (2 members)
(\$500 annual dues)

Individual Member
(\$250 annual dues)

Payment Information

Payment Amount:

\$_____ Check (payable to “Irish American Business Chamber & Network”, mailing address below)

\$_____ Credit Card (credit card information may be sent directly to abarry@iabcn.org, or payments may be processed at www.iabcn.org/membership)

To be signed up for automatic payments/renewals, please check here: _____
You will be contacted to complete this transaction.

Visa MasterCard Discover American Express

Name on Card: _____

Billing Address: _____

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

FOR IABCN USE
Payment Received
Payment Method
Letter Sent
Updated:
Database
Website
Email

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