



GUAM WOMEN'S
CHAMBER OF COMMERCE

Membership Application

- INDIVIDUAL
 NON-PROFIT/ GOVERNMENT
 CORPORATE

APPLICANT INFORMATION		
Company or Individual Name:		
Address:		
City:	State:	ZIP Code:
Telephone Number:	Fax Number:	Website:
MEMBER INFORMATION		
Representative:		
Email Address:	Ph#:	
Representative:		
Email Address:	Ph#:	
Representative:		
Email Address:	Ph#:	
YOUR BUSINESS		
Number of Employees:	Full Time:	Part Time:
Year the Business was established:		
How would you classify your business in the Yellow Pages? (You may use more than one classification)		

We are very excited that you have decided to be a part of the Guam Women's Chamber of Commerce. Please write an introduction about you and your company that we can include in our Chamber Quarterly Newsletter that will be distributed to all subscribers of the Guam Women's Chamber of Commerce. This paragraph will also be emailed to all Chamber members to let them know that you have joined!

Introduction Paragraph:

To help us serve you, please indicate what your expectations of being a member of the Guam Women's Chamber of Commerce are:

Please email or submit your form to Guam Women's Chamber of Commerce:

m: P.O. Box 326001, Hagåtña, Guam 96932 **t:** (671) 487-7022 **e:** ed@guamwcc.com **w:** www.guamwcc.com