



GUAM WOMEN'S
CHAMBER OF COMMERCE

Membership Application

- INDIVIDUAL \$100
- NON-PROFIT/ GOVERNMENT \$100
- CORPORATE \$250

PAYMENT: _____

MEMBER INFORMATION			
Company or Individual Name:			
Address:			City:
State:	ZIP Code:	Email:	
Phone Number:	Fax Number:	Website:	
MEMBER REPRESENTATIVES for: NON-PROFIT / GOVERNMENT (1 member) • CORPORATE (2 members) • \$75 per additional			
Representative:			
Email Address:			Ph#:
Representative:			
Email Address:			Ph#:
Representative:			
Email Address:			Ph#:
BUSINESS INFORMATION			
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 for our New Member announcements and welcome.

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:

Signature

Date

Please email or submit your form and payment to the 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