



ALBANIAN TURKISH CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION FORM

Basic Membership Information

First and Last Name _____

Company/Organization
(if not an Individual Member) _____

Email _____ Website _____

Phone _____ Mobile Number _____

Address _____

Type of Business or Industry (if not an Individual Member) _____

Please choose type of membership

Premium ____ Corporate ____ Organization ____ Individual ____

Please note: The information above will I listed in our online and print membership directory.

Additional Membership Information

Filling out this questionnaire helps us to better focus our efforts on your needs.

Are you a: (Ltd) (1) _____ (jsc) (2) _____ Other _____ None _____

Year established _____ Number of employees _____ SIC-CODE _____

Memberships in other organizations _____

How did you hear about us? _____

Is there anything specific we can help you with right away? _____

Are you interested in receiving profiles of students and young professionals who would like to do an internship at your company? (This is a free service for our members) _____

The undersigned hereby applies for the above selected membership at ATCC and agrees to pat the respective annual dues. You will receive an invoice shortly.

Date _____ Printed Name _____ Signature _____