

## **MEMBERSHIP FORM**

Philippine American Chamber of Commerce of Georgia, Inc.

## **PACCGA**

FIRST NAME (and nickname, if any) AND LAST NAME					Date of Application	
Membership type						
PROFESSIONAL/BUS	al	US NON - BUSINESS STATUS  \$25 Other Associations (Churches, Service Clubs, Organizations) or Associates (Individual Supporters Employees, Retirees)  \$15 Students			□ New Application □ Renewal □ Business Owner □ Other (pls. specify)	
Check if you want PACCGA to advertise your business in our website/social media platforms: YNo						
Business Name/Organization Name: Title:						
Business Type:				Direct Phone Number:		
Business Address:						
Email Address Website						
Do you want your business address to be published? Y N						
Mailing Address (If different than business address:						
(Note: Business address will NOT be published unless you checked "Yes" above.) If notifications/announcements are sent by mail, it will be sent to the mailing address.)						
PAYMENT DETAILS						
□ Paypal □ Square (Visa, Mastercard, Amex, Discover)	<ul><li>□ Venmo</li><li>□ Cashapp</li><li>□ Zelle</li></ul>	□ Ca			□ Check (#)  Payable to PACCGA  □ Others: (pls. specify)	
Signature of Applicant:		Processed by:		Date:		
How to send back your forms    Email: membership@paccga.org     Mail it to: PO BOX 29343 Atlanta, GA 30359     Screen shot it on your phone and send it to membership@paccga.org     Website: https://www.paccga.org/membership						