Membership Application

Please, fill out this form in **Block Lettering** and send it by fax 787-723-1891 to the Puerto Rico Chamber of Commerce with the FCC Form and Payment Method Form. The Working Committee form is optional.

Company Name:						
Membership Category:				ation ofit Corporation		Partnership Association
Product or Service (please	specify):					
Date of establishment D	ay:	Month:	`	ear:	No. of emplo	yees:
Physical Address:						
				Zip Code:		
Postal Address:						
				Zip Code:		
Phone Number					Fax:	
E-mail (general):			URL: (Web address):		
Authorized Representa	atives:					Date of Birth day/month/year
Main Representative:						
Job Title:			E-mail	<u> </u>		Sex: F ☐ M ☐
Name		Job Title		E-mail		Sex
						F _ M _
		Marketing and Public	Relations Director			F □ M □ F □ M □
	Marketing and Public Relations Director Human Resources Director					F M
In which areas the Puerto F	Rico Chamber (of Commerce may I	nelp your busines	s:		
Recommended by:						
Upon admittance as a me Commerce. We are aware schedule, if necessary.						
Date (day/month/year):		Signa	ture:			

Membership Form

NAICS Sectors (Business Sectors and Basic Code)											
Please mark with "X" the best option that describe your business sector (select only one)											
Business Sector			Code	_	ess Sector	_	asiness sector ((SCICCE C	illy Olic	Code	
☐ Agriculture, Forestry, Fishi	ng and	Hunting	11				Techinical Services			54	
☐ Mining		21	☐ Mar	agement of	Companies	and Enterprises			55		
Utilities			22				aste Management and R	temediation :	Services	56	
Construction			23		cational Serv					61 62	
Manufacturing			31-33		Health Care and Social Assistance						
Wholesale Trade			42 44-45		Arts, Entertainment and Recreation						
Retail Sale Transportation and Wharehousing			48-49	☐ Accommodation and Food Services ☐ Other Services (except Public Administration)							
Information			51		☐ Public Administration						
Finance and Insurance			52	☐ Other						99	
			53								
			Annu	al Gross	Busines	s Volui	me				
Please mark with	`X" tl	he ranki	ng of yo	our busii	ness (pro	oducts,	services and an	ny busin	ess inc	ome)	
000,000	-	500,0	000				10,000,001	-	15,000,	000	
500,001	-	1,000	.000				15,000,001	-	25,000,	000	
1,000,001	-	3,000					25,000,001	-	50,000,		
	_						50,000,001	ó	más		
3,000,001		7,000					50,000,001	U	IIIas	•	
7,000,001	-	10,000),000								
Payment Method Form Make checks or money orders payable to: Cámara de Comercio de Puerto Rico. Name: Date:											
(As it appears on the Membership Application) Day Month Year											
	ship Ap	plication)					Day	Month	<u> </u>	Year	
Check #	ship Ap	plication)			fo	or the a	Day mount of:	Month	<u> </u>	Year	
Check # Charge to:	ship Ap		oster Card		VISA	or the a	1	Month	1	Year	
	ship Ap		sterCard		VISA	or the a	mount of:	Month	1	Year	
	ship Ap		sterCard		VISA	or the a	mount of:	Month		Year	
Charge to:		Ma		Language 4 digitss/	VISA	4	mount of:	Month		Year	
Charge to: Account # Month Year		Ma		Language And Display And Displ	VISA	4	mount of:	Month		Year	
Charge to: Account # Month Year		CVV/ID Sec		 ex 4 digitss/	VISA	its on the	mount of:]	
Charge to: Account # Month Year Expiration date Name as it appears on the cr		CVV/ID Sec	curity, Ame	ex 4 digitss/	VISA V-MC 3 dig	its on the	mount of:			<u> </u>	
Charge to: Charge to: Account # Month Year Expiration date Name as it appears on the creation of the creation	[(edit car	CVV/ID Sec	curity, Ame		VISA V-MC 3 dig	its on the	e back of your card			<u> </u>	
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Charge to: Charge to: Account # Month Year Expiration date Name as it appears on the cre Membership Committee Recommended No	[(edit car	CVV/ID Sec	curity, Ame	r exclusive	VISA V-MC 3 dig Signature	its on the	e back of your card	arged to my o	credit card		
Charge to: Charge to: Account # Month Year Expiration date Name as it appears on the cre Membership Committee Recommended No	edit car	CVV/ID Sec	For Date:	r exclusive	VISA V-MC 3 dig Signature	its on the	e back of your card Payment Date:	arged to my o	credit card		

Federal Communications Commission

The Federal Communications Commission (FCC) has created the National Do Not Call Registration, which will soon prohibit people or entities, including Chambers of Commerce and Associations, from sending you any communications fax that contain promotional materials, without previously having received written consent from you. This prohibitionap- plies even if the parties have a business relationship, such as exists between the Puerto Rico Chamber of Commerce(PRCC) and its members. Our fax mailings have been affected due to this new regulation of the FCC. The definition of Promotions Not Requestedis quite wide. It includes: any types of commercial promotions, quality, property, goods, and services. The FCC indicates that this definition includes conference reminders, seminars, membership renewals and new product announcements, among other things. As you know, the Puerto Rico Chamber of Commerce uses fax and email to keep you informed of announcements that are of interest to you and/or may affect your membership. Our Puerto Rico Chamber of Commerce will not be able to send you any faxes or emails that could contain promotions unless you provide us with a written consent, granting us permission to send you the aforementioned information.

lease, select one of the followings:	
I want to receive communications from PRCC: by	y fax
I don't want to receive communications from PRCC: :	by fax by E-mail
Company's Name:	
Authorized Fax Number:	
Authorized E-mail addresses (same as in the Membership App	lication):
General: _	
Main Representative:	
Representative #2:	
Representative #3:_	
Marketing & Public Relations Director:	
Human Resources Director:	
Name:	Job Title:
Signature:	Date:
Member's Number:	

1-The vast majority of communications are sent to our partners via email so we suggest you check this option. Our commitment is to avoid sending paper communications and thereby contributing to the "green movement". We suggest you open an email account free of charge obtained throuht the Internet, since we send communications to our members on a daily basis.

^{*}Important: FCC regulations require your signature. We will appreciate your support in complying with this Federal regulation. Please fill out this form and send it to the Puerto Rico Chamber of Commerce with the completed membership application and payment method form. The committee work form is optional.



Join us. Please fill out this form and place a check mark next to committee of your preference. You may select up to a máximum of three (3) committees.
Your Working Committee Membership is renew yearly, hence you must fill out an application every year.

 Legislative and Government Affairs Human Resources and Labor Affairs Tax Affairs Public-Private Alliances 	 Infrastructure Environment, Infrastructure and Permits Water and Energy Foreign Trade (Exports) Transportation and Logistics
 Commerce and Industry Retail Small and Medium Business (PyMEs) Agriculture Tourism 	 Institutional Development Young Entreprenuers (must be 39 years or younger) University Chapters Professional and Businesswomen's Network
 Service Industry Banking Real Estate Cooperatives and Credit Unions Insurance Negociation and Conflict Resolution 	 Social Development Puerto Rico's Economic Development Health Quality of Life and Social Responsability Education Sports
Science and TechnologyTelecommunications and Technology Affairs	
Please fill out the follo	wing information:
Name:	Job Title:
Company:	
Postal address:	
Telephone	Fax:
eMail:(Your email is required in order	r to send meeting announcements)
(Tour eman is required in order	to send meeting announcements)

IMPORTANT:

Send by fax 787-723-1891 or email: oteroj@camarapr.net. For more information please call: 787-721- 6060, ext. 2200, Dr. Juanita Otero.