



POLISH CANADIAN
CHAMBER *of* COMMERCE

MEMBERSHIP APPLICATION FORM

Polish Canadian Chamber of Commerce (PCCC)

Al.Jerozolimskie 44, 00-024 Warsaw, Poland

E-mail: office@pccc.pl

COMPANY INFORMATION		
Company Name:		
Mailing Address	Street:	Province:
	City:	Postal Code: Country:
Phone:		Fax:
WWW:		E-mail:
No. of Employees:		Annual Turnover (EUR):
Industry / Sector:		Ownership:
Product / Service:		NIP / GST:
CHIEF EXECUTIVE		
Name:		E-mail:
Citizenship(s):		Mobile:
PCCC CONTACT PERSON		
Name:		Position:
Phone:		Mobile:
Citizenship(s):		E-mail:
Type of Membership (please select one)		
☐ Patron - 7,500 PLN		☐ Regular – 3,000 PLN
I hereby apply for membership in the Polish Canadian Chamber of Commerce. I am authorized to apply for membership and commit the company named above to the obligations and privileges of membership. We understand and agree to the conditions, that should we not hand in written resignation notice to the PCCC within 60 days of our next invoice period, our membership will automatically be renewed for the full upcoming year.		
Signature: Name: Position: Date:		☐ I agree to have my information made public in the PCCC directory and on the PCCC website. ☐ I agree to have information about my company and its officers made public in the PCCC directory and on the PCCC website.