



POLISH CANADIAN
CHAMBER of COMMERCE

MEMBERSHIP APPLICATION FORM

Polish Canadian Chamber of Commerce (PCCC)

ul. Wiejska 17 lok 13, 00-480 Warsaw, Poland

E-mail: k.stachowicz@pccc.pl

COMPANY INFORMATION	
Company Name:	
Mailing Address	Street: City:
	Province: 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)	
<input type="checkbox"/> Patron - 7,500 PLN	<input type="checkbox"/> Regular – 3,000 PLN
<p>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.</p>	
Signature: Name: Position: Date:	<input type="checkbox"/> I agree to have my information made public in the PCCC directory and on the PCCC website. <input type="checkbox"/> I agree to have information about my company and its officers made public in the PCCC directory and on the PCCC website.