



AmHuCC – California Membership Application

Thank you for taking the time to complete our Membership Application for becoming a member of the American-Hungarian Chamber of Commerce. We are looking forward to working with you and helping you to grow your business.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Country ZIP Code

Phone: _____ Email _____

Industry of your company: _____ Website _____ Year of your business started: _____

Contact person of your company: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you interested in relocating to the US? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

About Your Company

Number of Employees: _____ Annual revenue in USD : _____

Do you have clients from the US? _____ Are they member of AmHuCC? YES NO

Do you agree to share your contact details with other members? YES NO Comments: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

After we receive your application, you will get an application number. Our board will decide about your status in maximum 30 days. If you have any question please contact us at chamber@amhucc.org

Signature: _____ Date: _____