



Asian American Commerce Group of Columbus

AACG MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company Name:

Full Name:

Phone:

Current address:

City:

State:

ZIP Code:

Business Classification:

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Annual Membership Fee is \$50.00 per person. You may send payments to:

AACG
6121 Huntley Rd.
Columbus, OH 43229

(Please make all checks payable to: **AACG Membership**)

Application can be faxed to (614)431-3861