



Affiliate Member Application Form

The Director-General
Confederation of Asia-Pacific Chambers of Commerce and Industry
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We wish to apply as an **Affiliate Member** of the Confederation of Asia-Pacific Chambers of Commerce and Industry (CACCI), and hereby agree to abide by our obligations and responsibilities as a member. Please bill us for our annual membership fee.

Name of Chamber / Association: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Date Registered or Established: _____

Number of Members: _____

Key Officers' Name

Title / Position

Date

Signature above printed name

Position

25 member countries

50 member chambers of commerce and industry

More than 300 special lifetime members