



AMERICAN INDIAN CHAMBER OF COMMERCE OF WISCONSIN
10809 W. LINCOLN AVENUE, #102 WEST ALLIS, WI 53227
Ph: 414-604-2044 Fax: 414-604-2070
www.aiccw.org

AICCW MEMBERSHIP APPLICATION

Company Name: _____

Contact Person: _____

Address: _____

City _____ State _____ Zip _____

Business/Profession: _____

Telephone (____) _____ Fax (____) _____

Cell (____) _____ E-Mail _____ @ _____

Web Address: _____

Tribal Affiliation: _____ Enrollment Number: _____

Professional (Individual)	\$ 100
Non-Profit	\$ 250
Indian-Owned Business	\$ 300
Non-Indian Business	\$ 300
Tribal	\$1,000 to \$5,000.
Corporate Sponsor	\$1,000 to \$5,000.
Tribal Blanket Membership (Tribal Blanket Membership – Includes “all” Tribal Business Enterprises and Indian owned businesses on their Reservation)	\$5,000

I understand that my membership investment entitles me to all rights and privileges as appropriate to the membership category subscribed to. Only one individual per company may have voting rights or serve on the Board of Directors in accordance with AICCW bylaws. The designated voting individual will be determined up front and such shall be stated in writing.

I understand that by joining as a Professional, my membership is on a personal level and cannot reflect any business affiliation other than your occupation. At no time will the Chamber list the company that the individual works for in any promotional material.

Signature _____ Date _____

**CONFIDENTIAL PROPRIETARY INFORMATION – NOT FOR DISTRIBUTION
AICCW APPLICANT INFORMATION REQUEST**

Dear Applicant:

Please provide the Chamber with your business biography and any other information that might assist us in describing your services on our website and to the community. This information will assist our office in promoting and networking your business and services, gathering information for aggregate statistical purposes, and assist us in obtaining grants for programs and services. Please attach any company literature or brochures for distribution. If you have any questions, please contact the AICCW office at 414-604-2044. Thank you.

What is the estimated yearly gross revenue (i.e., sales) of your company? _____

How many employees does your company employ? _____

How many American Indians are employed by your company? _____

What is your gross annual payroll? _____

How long has your company been in existence? _____

In which county is your company located? _____

Are you located on or within 10 miles of an Indian Reservation? _____

If yes, which one? _____

Yes
No

At any time during the business existence, did you obtain business financing? _____

If yes, from what sources did you obtain funding? _____

Yes
No
Family
Friends
Tribe
Revolving loan fund
Bank
Other

Did you have any problems obtaining a loan? _____

If yes, specify problem: _____

How much financing was obtained? _____

Do you currently have a need for financing? _____

Estimated need: _____

For what purpose? _____

Yes
No

Yes
No

Start-up
Expansion
Land
Equipment
Working Capital
Other

Would you be interested in using First American Capital Corporation
(a subsidiary of the AICCW)? _____

Yes
No