

# THE FRENCH-AMERICAN CHAMBER of COMMERCE

## **FACC** Corporate & Business Subsidiary List\* Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Yes! Include me on the FACC mailing list. I would like to be notified about future programs & events. (check here)

**Form of Payment** (circle one):      Check   |      Credit Card   |      Cash

Credit Card (circle one):                      MC                      VISA                      AMEX

Card number: \_\_\_\_\_

Expiration Date: Mo. \_\_\_\_/\_\_\_\_ Yr.

**Amount:                      \$55**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please print this form and transmit via telefax to: 617.520.2144 or mail to the FACC*

*(Do not fill below, for office use only):*

Mailing via:                      E-mail                      Mail

Date when listing sent:

*\*The list will be e-mailed to recipient as an Excel document file.*



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