

# MEMBERSHIP APPLICATION, PAYMENT METHOD FORM, FEDERAL COMMUNICATIONS COMMISSION AND WORK COMMITTEES

*In the following pages, you will find the Membership, Payment Method Form, Federal Communications Commission and the Work Committees applications to be filled in order to become a member. Keep in mind the following:*

- ▶▶▶ Fill out all applications in legible handwriting and send them to the PRCC by E-mail: oteroj@camarapr.net or personally with the correct annual fee.
- ▶▶▶ Our Authorized Personnel will determine the amount of your annual fee.
- ▶▶▶ A maximum of 5 representatives from your company will have the right to vote, but one vote per company.
- ▶▶▶ Every membership application will be evaluated by our Members Committee and will be submitted for approval by the Board of Directors which meets monthly. You will be notified by mail once your membership has been approved.
- ▶▶▶ Your membership with the Working Committees will be renewed every year.
- ▶▶▶ The Working Committee's Form is optional and voluntary.

## OUR TEAM

### **President and Executive Director's Office**

President  
Executive Director

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### **Technical and Legislative Services Department**

Legal and Legislative Affairs Director

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### **Marketing, Public Relations and Institutional Development Department**

Sales and Marketing Director  
Sales Representative  
Members Services Officer

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### **Accounting Department**

Finance and Accounting Director  
Accounting Coordinator

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### **General Services and Purchasing Department**

Institutional Events Director

# Membership Application

Please complete this form and return it to the Puerto Rico Chamber of Commerce **by email, saving it first as PDF: [oteroj@camarapr.net](mailto:oteroj@camarapr.net)** along with the Federal Communications Commission, Payment Method and Works Committee Worksheet.

## Business information: (please print)

Business Name: \_\_\_\_\_

Categories:  Company  Corporation  Partnership  Individual Business  Non-Profit Organization  Association

Product or Service (please specify): \_\_\_\_\_

Date of establishment (mm/dd/yyyy) \_\_\_\_\_ Total of employees: \_\_\_\_\_

Total of full-time employees: \_\_\_\_\_ Total of part-time employees: \_\_\_\_\_

Total of freelance employees: \_\_\_\_\_

Postal address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

URL: (Web address): \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Linked-In \_\_\_\_\_

YouTube: \_\_\_\_\_

## Person who will manage the electronic record online and receive the communications

(This person is designated as the account manager to perform company profile updates):

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Representatives with Voting Rights (Up to 5 people): Start with the senior executive in the company.

**Important: You have one vote per company therefore just one of your representatives will vote for your company.**

Full Name	Job Title	Email:

# Membership Application

## Other representatives without Voting Rights:

Full Name	Job Title	Email:
	Marketing/Public Relations	
	Human Resources	
	Finance and Accounting	

## In which areas the Puerto Rico Chamber of Commerce may help your business:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Networking            | <input type="checkbox"/> Finance source             | <input type="checkbox"/> Small Business information  |
| <input type="checkbox"/> Continuing Education  | <input type="checkbox"/> Business consulting        | <input type="checkbox"/> Approved Laws or in process |
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Government relations       | <input type="checkbox"/> Alliances                   |
| <input type="checkbox"/> Public Policy         | <input type="checkbox"/> New business opportunities | <input type="checkbox"/> Other:                      |

Specify: \_\_\_\_\_

## Information about the person(s) applying to the PRCC:

Orientation on benefits made by: \_\_\_\_\_  
 Referred by: \_\_\_\_\_  
 Recommended to join us by: \_\_\_\_\_

## NAICS Sectors (Business Sectors and Basic Code)

Please mark with "X" the best option that describe your business sector (select only one)

Business Sector	Code	Business Sector	Code
<input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting	11	<input type="checkbox"/> Professional, Scientific and Technical Services	54
<input type="checkbox"/> Mining	21	<input type="checkbox"/> Management of Companies and Enterprises	55
<input type="checkbox"/> Utilities	22	<input type="checkbox"/> Administrative, Support, Waste Management and Remediation Services	56
<input type="checkbox"/> Construction	23	<input type="checkbox"/> Educational Services	61
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Health Care and Social Assistance	62
<input type="checkbox"/> Wholesale Trade	42	<input type="checkbox"/> Arts, Entertainment and Recreation	71
<input type="checkbox"/> Retail Sale	44-45	<input type="checkbox"/> Accommodation and Food Services	72
<input type="checkbox"/> Transportation and Warehousing	48-49	<input type="checkbox"/> Other Services (except Public Administration)	81
<input type="checkbox"/> Information	51	<input type="checkbox"/> Public Administration	92
<input type="checkbox"/> Finance and Insurance	52	<input type="checkbox"/> Other	99
<input type="checkbox"/> Real Estate, Rental and Leasing	53		

## Annual Gross Business Volume

Please mark with an "X" the ranking of your business (products, services and any business income)

<input type="checkbox"/>	000,000	-	500,000	<input type="checkbox"/>	10,000,001	-	15,000,000
<input type="checkbox"/>	500,001	-	1,000,000	<input type="checkbox"/>	15,000,001	-	25,000,000
<input type="checkbox"/>	1,000,001	-	3,000,000	<input type="checkbox"/>	25,000,001	-	50,000,000
<input type="checkbox"/>	3,000,001	-	7,000,000	<input type="checkbox"/>	50,000,001	ó	más
<input type="checkbox"/>	7,000,001	-	10,000,000				

If I am accepted as a member, I agree to comply with the [By-laws](#), [Regulations](#) and [Code of Ethics](#) or any other regulation established by the Puerto Rico Chamber of Commerce during my membership. I am aware that the membership fee will be reviewed at any time and could be adjusted based on my business annual volumen.

Date (month/day/year): \_\_\_\_\_ Signature: \_\_\_\_\_

# Payment Form

Make checks or money orders payable to: Cámara de Comercio de Puerto Rico.

Name: _____	Date: _____
(As it appears on the Membership Application)	Day                      Month                      Year

<input type="checkbox"/> Check # _____	for the amount of: _____
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<input type="checkbox"/> Charge to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Account # _____	_____	_____	_____
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Month _____	Year _____	CVV/ID Security, Amex 4 digitss/V-MC 3 digits on the back of your card
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Name as it appears on the credit card _____	Signature (I will pay the total amount charged to my credit card) _____
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For exclusive use of the PRCC														
Membership Committee														
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended	Date:						Payment Date:						
			Day	Month			Year				Day	Month		Year
Board of Directors														
<input type="checkbox"/> Approved	<input type="checkbox"/> Not-approved	Date:						Data entry date:						
			Day	Month			Year				Day	Month		Year
Member's ID # _____														

**Applying Process Information:**

Once you complete the membership form, you must send all the required documentes with the assigned payment. Your membership benefits and services will begin once your application has been approved by our Board of Directors. The date of your approval depends on the scheduled board meetings. This Institution can't guarantee that your application will be approved. You will be notified by email of the Board of Directors decision. Once your application you will receive by email your acceptance letter and a members id number will be assigned. If your application is not approved, we will notify you by email and reimburse the membership payment minus the processing fee or initiation.

If you have any questions about this process, please contact [oteroj@camarapr.net](mailto:oteroj@camarapr.net).

# Federal Communications Commission

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The Federal Communications Commission (FCC) has created the National Do Not Call Registration, which will soon prohibit people or entities, including Chambers of Commerce and Associations, from sending you any communications by fax that contain promotional materials, without previously having received written consent from you. This prohibition applies even if the parties have a business relationship, such as exists between the Puerto Rico Chamber of Commerce (PRCC) and its members. Our fax mailings have been affected due to this new regulation of the FCC. The definition of Promotions Not Requested is quite wide. It includes: any types of commercial promotions, quality, property, goods, and services. The FCC indicates that this definition includes conference reminders, seminars, membership renewals and new product announcements, among other things. As you know, the Puerto Rico Chamber of Commerce uses fax and email to keep you informed of announcements that are of interest to you and/or may affect your membership. Our Puerto Rico Chamber of Commerce will not be able to send you any faxes or emails that could contain promotions unless you provide us with a written consent, granting us permission to send you the aforementioned information.

**Please, select one of the followings:**

I want to receive communications from PRCC:  by fax  by E-mail<sup>1</sup>

I don't want to receive communications from PRCC:  by fax  by E-mail

Company's Name: \_\_\_\_\_

Authorized Fax  
Number: \_\_\_\_\_

Authorized E-mail addresses (same as in the Membership Application):

General: \_\_\_\_\_

Main Representative: \_\_\_\_\_

Representative #2: \_\_\_\_\_

Representative #3: \_\_\_\_\_

Marketing & Public Relations Director: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_

Name: _____	Job Title: _____
Signature: _____	Date: _____
Member's Number: _____	

\*Important: FCC regulations require your signature. We will appreciate your support in complying with this Federal regulation. Please fill out this form and send it to the Puerto Rico Chamber of Commerce with the completed membership application and payment method form. The committee work form is optional.

**1-The vast majority of communications are sent to our partners via email so we suggest you check this option. Our commitment is to avoid sending paper communications and thereby contributing to the "green movement". We suggest you open an email account free of charge obtained through the Internet, since we send communications to our members on a daily basis.**



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100 TETUAN STREET OLD SAN JUAN PR 00901  
www.camarapr.org  
787-721-6060 | Fax: 787-723-1891



# Working Committees

Fiscal Year 2018-2019

Join us. Please fill out this form and mark with an "X" the committee of your preference.

**You may select up to a maximum of three (3) committees.**

**Your participation in the committees is renewed annually. Therefore, you must complete and submit an application each year.**

### ● Legislative and Government Affairs

- Public-Private Partnerships
- Tax Affairs
- Legislation, Lobbying, Invest Puerto Rico - PR Empresa, DMO-Discover Puerto Rico
- Human Resources and Labor Affairs

### ● Commerce and Industry

- Agriculture
- Retail
- Manufacturing
- Small and Mid-size Enterprises (SMEs)
- Tourism

### ● Service Industry

- Banking and Finances
- Real Estate
- Cooperatives and Credit Unions
- Insurance

### ● Science and Technology

- Telecommunications and Technology Affairs
- Digital Era

### ● Infrastructure

- Energy and Water
- Environment, Infrastructure and Permits
- International Trade & Foreign Investment, Special Committee - Law 20/22, Special Committee - Diaspora, Transportation and Logistics

### ● Institutional Development

- University Chapters
- Young Entrepreneurs (must be 39 years or younger)
- Professional and Businesswomen's Network

### ● Social Development

- Quality of Life and Corporate Social Responsibility
- Medicinal Cannabis
- Sports
- Economic Development
- Diversity
- Education
- Entrepreneurship
- Health

Please fill out the following information:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

eMail: \_\_\_\_\_

(Your email is required in order to send meeting notifications)

IMPORTANT: Send by email to: [oteroj@camarapr.net](mailto:oteroj@camarapr.net). For more information, please call: 787-721- 6060, Dr. Juanita Otero Santana.