



## **MEMBERSHIP CATEGORIES/CRITERIA**

Following are the categories of Membership:

### **1. Corporate Member**

This membership is offered to American Companies operating in India as:

- a) Either as a 100% subsidiary of a U.S. Company
- b) Or as a Branch Office (with Reserve Bank of India approval)
- c) Or as a Liaison Office (with Reserve Bank of India approval)
- d) Or as a majority equity holder in a joint venture
- e) Or as an equal partner in a joint venture but the management control being with the U.S. Company.
- f) Or as a minority equity holder where an investment cap on that particular sector is imposed by the Government of India and the US company has invested to the maximum extent permissible under the cap. Proof of management control being with the US company is required to be submitted by the company and approved by the Executive Board.

### **2. Additional Member**

Corporate Member can nominate Additional Member(s) from the same organisations either at the same Chapter or at any other Chapter of AMCHAM.

### **Membership Subscription**

If you are interested in becoming a member of AMCHAM, please fill in the Application Form and send it to Ms. Mamta Uppal at [mamta.uppal@amchamindia.com](mailto:mamta.uppal@amchamindia.com)

For Annual Subscription we follow fiscal year i.e. April – March. Fee is Rs.1,65,000/- + Rs. 5000 (one-time membership processing fee) + 30,600 (18% GST) = Rs. 2,00,600/-.



**AMERICAN CHAMBER OF COMMERCE IN INDIA**  
 PHD House, 4th Floor, 4/2, Siri Institutional Area, August Kranti Marg  
 New Delhi - 110 016.

Please paste your colored passport size photograph

**APPLICATION FORM FOR CORPORATE MEMBERSHIP**

**We/I wish to apply for the Membership of the American Chamber of Commerce in India. In the event of our / my application being accepted, we / I agree to abide by AMCHAM’s Rules and Regulations and other guidelines as laid down by AMCHAM from time to time.**

- Name of Organization \_\_\_\_\_
- Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Name of the Person nominated as Representative (*only ‘C’ level officials*) \_\_\_\_\_
- Designation \_\_\_\_\_
- Phone No. (Off) \_\_\_\_\_ Mobile \_\_\_\_\_
- Email Address \_\_\_\_\_
- Business Activities (*in not more than 20 words*) - *Company’s Main Business Activities- Attach Brochure and Company Profile*  
 \_\_\_\_\_  
 \_\_\_\_\_
- Signature of the Authorized Signatory \_\_\_\_\_
- Name & Designation \_\_\_\_\_
- Please Specify the Corporate / Legal Status of The Applicant’s Company in India

Wholly Owned Subsidiary	<input type="checkbox"/>	Branch Office	<input type="checkbox"/>	<i>Attach copy of RBI Approval</i>
Joint Venture	<input type="checkbox"/>	Liaison Office	<input type="checkbox"/>	

***If wholly owned subsidiary, please provide a copy of the FIPB approval and Certificate of Incorporation***

- If Joint Venture, state the equity of the U.S company and the Management Structure of JV

U.S. Partner's Equity .....	%	Please specify Management Structure if the U.S. Equity is 50% or less.....
Local partner's Equity .....	%	
Specify any other equity .....	%	
		<i>Please provide a copy of Management Agreement</i>

- Name and Address of the Indian JV Partner

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- Name and Address of the Parent Company in U.S.A.

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

<u>Introduced By / Proposer</u>	
Name of Member.....	Organization.....
Signature.....	
<u>Seconder</u>	
Name of Member.....	Organization.....
Signature.....	

- **FOR OFFICIAL USE – The application is approved / rejected.**

\_\_\_\_\_  
Program Director

Date.....

\_\_\_\_\_  
Director General CEO



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### **2. Additional Member**

Corporate Member can nominate Additional Member(s) from the same organisations either at the same Chapter or at any other Chapter of AMCHAM.

### **AMCHAM Chapters**

AMCHAM has its main base of operations at Delhi and has Regional Chapters at Bangalore, Chennai, Delhi, Hyderabad, Kolkata and Mumbai.

### **Membership Subscription**

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### **Annual Membership subscription (we follow financial year i.e. April - March)**

Additional Member - Rs. 82,500/- + 14,850 (18% GST) = Rs. 97,350/-



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PHD House, 4th Floor, 4/2, Siri Institutional Area, August Kranti Marg  
New Delhi - 110 016.

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colored passport  
size photograph

**APPLICATION FORM FOR ADDITIONAL MEMBERSHIP**

**We/I wish to apply for the Membership of the American Chamber of Commerce in India. In the event of our / my application being accepted, we / I agree to abide by AMCHAM's Rules and Regulations and other guidelines as laid down by AMCHAM from time to time.**

- Name of Organization \_\_\_\_\_
- Address \_\_\_\_\_
- Phone No. (Off.) \_\_\_\_\_ Fax \_\_\_\_\_
- E-mail Address \_\_\_\_\_
- Business Activities (*in not more than 20 words*) - *Company's Main Business Activities- Attach Brochure and Company Profile* \_\_\_\_\_

Name of the Person nominated as Representative (*only full-time employees/full-time directors can be nominated*) \_\_\_\_\_

- Designation \_\_\_\_\_
- Phone No. (Off) \_\_\_\_\_ Mobile \_\_\_\_\_
- Email Address \_\_\_\_\_
- Signature of the Authorized Signatory \_\_\_\_\_
- Name & Designation \_\_\_\_\_

Introduced By / Proposer

Name of Member..... Organization.....

Secunder

Name of Member.....Organization.....

- Please Specify the Corporate / Legal Status of the Applicant's Company in India

Wholly Owned Subsidiary	<input type="checkbox"/>	Branch Office	<input type="checkbox"/>	<i>Attach copy of RBI Approval</i>
Joint Venture	<input type="checkbox"/>	Liaison Office	<input type="checkbox"/>	
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- Name and Address of the Indian JV Partner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- Name and Address of the Parent Company in U.S.A.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone no. \_\_\_\_\_ Fax \_\_\_\_\_

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

- **FOR OFFICIAL USE – The application is approved / rejected.**

\_\_\_\_\_  
Program Director

Date.....

\_\_\_\_\_  
Director General CEO