

## Indiana India Business Council

## Membership Application

Date:	_				
Business Name:					
Mailing Address:					
City:		State:	Zip:		
Contact Person:					
Telephone:		Fax:			
Email:		Add En	nail to e-newsletter li	st: Y or N	
Website:					
Business Type/Product or Serv	vice:				
Business Description:					
Number of Employees:		Please check h	Please check here if you are a non-profit		
<b>Do you</b> currently do busin	ness with Ind	iaintend to do	business with India	in future	
have clients/custo	omers that do	business with India?			
Membership Levels (Please se	lect one):	Individual \$100	Bronze \$25	50	
Silver \$500 Go	old \$750	Platinum \$1500	Chairman's Circ	ele \$2500	
Check Enclosed:		Please Invoice:			

Please mail it to: Indiana India Business Council | 3557 Corsham Cir. | Carmel, IN 46032 IndiainIndiana@gmail.com | www.ininbc.org | @IndiaInIndiana