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## MEMBERSHIP APPLICATION

### Types of Membership

Membership in the US-Hungary Business Council is divided into two tiers, Board Membership and General Membership. All membership applications must be approved by the Board of Directors.

Board Membership includes:

- Board membership with organizational voting rights
- Ability to lead and direct the Council
- Invitations to private events
- Placement of the company logo on the Council website
- Priority for sponsorships and seating
- Invitation to and participation in all Council events

General Membership includes:

- Placement of the company name on the Council website
- Second tier priority for seating and sponsorships
- Invitation to and participation in all Council events

### MEMBERSHIP TIER (SELECT ONE):

- Board Membership (\$9,000 annual dues)
- General Membership (\$6,000 annual dues)

### APPLICANT INFORMATION:

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

Website: \_\_\_\_\_ Business Area: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Council aims to advance the business interests of U.S. companies in Hungary. To determine eligibility, please check all that apply:**

- The company was formed and/or incorporated in the U.S.
- The company has substantial operations and facilities in the U.S.
- The company employs substantial numbers of U.S. citizens
- The company is headquartered in the U.S.
- Shares of the company are traded on a U.S. stock exchange or over-the-counter market.
- The company pays U.S. state and federal taxes.
- The company is not controlled or owned by foreign companies or persons.

**Company Headquarters Address:**

\_\_\_\_\_  
\_\_\_\_\_

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

**Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**Billing Contact (if different than above)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Please email completed form to [info@ushungarybc.org](mailto:info@ushungarybc.org).