

MEMBERSHIP APPLICATION

Company Name: _____

Name to register: _____

Mailing Address: _____

City: _____ Postal Code _____

Telephone: _____ Fax: _____

Website: _____ E-mail _____

Head Office Address (if different from above) _____

Business Activity _____

What is your principal interest in joining the IACCW? _____

Membership starts from the day of your payment for 1 year. Please check the membership level:

- | | |
|---|----------------------|
| <input type="checkbox"/> SUPPORTING MEMBER | \$ 1,000.00 per year |
| <input type="checkbox"/> CORPORATE MEMBER
For businesses | \$ 400.00 per year |
| <input type="checkbox"/> ASSOCIATE MEMBER
For individuals and sole traders | \$ 250.00 per year |

Thank you for your interest in joining the IACCW. Once completed, please fax the application back to: (310) 557-1217, or mail the form to: *Italy-America Chamber of Commerce West, 10537 Santa Monica Blvd, Suite 210, Los Angeles, CA 90025.*

Application of new members will be evaluated and notification of acceptance will follow