

ITALIAN CHAMBER OF COMMERCE OF ONTARIO

Membership Application Form

I. Contact Information

First Name: _____ Last Name: _____

Company Name: _____ Title: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ Fax: (____) _____

Email address: _____

Italian region of origin: _____ Business Sector: _____

I agree to have the above information listed in all ICCO member listings

I agree to receive Partners Magazine with my membership

I don't agree to receive Partners Magazine with my membership

II. I would like to apply for membership with the Italian Chamber of Commerce of Ontario

Please select your membership level and refer to the chart below for fee information

✓	Membership Level	Membership fee	Partners Magazine Subscription **	Total	Total (without Partners Magazine)*
	Partnership	over \$15,000			
	Partner Five Stars	\$9,760	\$240	\$10,500	\$10,248
	Partner Four Stars	\$4,880	\$120	\$5,250	\$5,124
	Partner Three Stars	\$2,920	\$80	\$3,150	\$3,066
	Business Member	\$960	\$40	\$1,050	\$1,008
	Individual Member	\$180.00	\$20.00	\$210	\$189
	Next Generation Member***	\$80	\$20	\$105	\$84
	Student Member	\$50.00			\$52

* Please note that 5% GST has been added to all membership fees.

** Partners Magazine @ \$5 per issue

*** Next Generation Members must include proof of age (under 40)

II. Payment Information

Please enclose the correct payment as listed above. GST No. R107516981

cheque enclosed VISA AMEX Mastercard

Credit Card # _____ exp. _____

Name on Card: _____

Name of Applicant (print) Date

Signature of Applicant

Completed forms should be faxed to the ICCO at 416-789-7160