

# 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

### **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 annual fee information

✓	Membership Level	Membership fee	HST	Total
	<b>Partnership</b>	over \$15,000		
	<b>Partner Five Stars</b>	\$10,000	\$1,300	\$11,300
	<b>Partner Four Stars</b>	\$5,000	\$650	\$5,650
	<b>Partner Three Stars</b>	\$3,000	\$390	\$3,390
	<b>Business Member</b>	\$1,000	\$130	\$1,130
	<b>Individual Member</b>	\$200	\$26	\$226
	<b>ICCO FORWARD Member*</b>	\$100	\$13	\$113
	<b>Student Member**</b>	\$50.00		\$56.50

\*ICCO FORWARD Members must include proof of age (under 40)

\*\*Student Members must include proof of valid Student ID – Student Membership valid only for full time students

### **III. Payment Information - Please enclose the correct payment as listed above. GST # 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**

**Please note: This membership is valid for a year and will automatically renew unless the applicant terminates the agreement in writing.**

**You, the member may cancel this membership by writing a cancellation notice to [delloebel@italchambers.ca](mailto:delloebel@italchambers.ca)**