



ICCO CANADA

## Membership Application

### APPLICANT INFORMATION

First Name:		Last Name:	
Company Name:		Title:	
Street address:			
City:	Province:	Postal Code:	
Phone:		Mobile:	
E-mail:			
Italian region of origin:		Business sector:	

### MEMBERSHIP AGREEMENT

I agree to have the above information listed in all ICCO Canada member listings	
I would like to <b>apply for NEW membership</b> with the Italian Chamber of Commerce of Ontario <b>or</b>	
I would like to <b>renew my membership</b> with the Italian Chamber of Commerce of Ontario	

### MEMBERSHIP OPTIONS

Please select your membership level

MEMBERSHIP LEVEL	FEE	HST	TOTAL	X
<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	

### PAYMENT INFORMATION

Please enclose the correct payment per selection above. HST # R107516981

Check enclosed payable to <b>Italian Chamber of Commerce of Ontario</b> for amount					\$
I authorize to charge my	Visa	MasterCard	Amex	for amount	\$
Credit Card #:					Expiry (MM/YY):
Name on Credit Card:					
Signature of Applicant:					Date:

### NOTE

Completed forms should be e-mailed to [paina@italchambers.ca](mailto:paina@italchambers.ca).  
**Please note:** This membership is **valid for one year** and **automatically renews** unless the applicant terminates the agreement in writing.  
 The member may cancel this membership by writing a cancellation notice to [zambon@italchambers.ca](mailto:zambon@italchambers.ca)