



Membership Application

APPLICANT INFORMATION

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

MEMBERSHIP AGREEMENT

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

MEMBERSHIP OPTIONS

Please select your membership level

<i>Membership level</i>	<i>Fee</i>	<i>HST</i>	<i>Total</i>	<input checked="" type="checkbox"/>
Partnership	Over \$15,000			
Partner Five Stars	\$10,000	\$1,300	\$11,300	
Partner Four Stars	\$5,000	\$650	\$5,650	
Partner Three Stars	\$3,000	\$390	\$3,390	
Business Member	\$1,000	\$130	\$1,130	

PAYMENT INFORMATION

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

Check enclosed payable to Italian Chamber of Commerce of Ontario 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**.
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 **guida@italchambers.ca**