Italian American Chamber of Commerce of Michigan ASSOCIATE MEMBERSHIP APPLICATION

YOUNG ADULT AGE 21-30

Please Print or Type FULL NAME:	SPOUSE NAME:	
E-MAIL ADDRESS:	HOME PHONE ()_	
HOME ADDRESS:	CITY:	ZIP:
BIRTHDATE:BIRTHPLACE:		CITIZEN:
EMPLOYER/BUSINESS NAME:		
OCCUPATION:	TITLE:	
BUSINESS ADDRESS:		
BUSINESS PHONE:	BUSINESS FAX:	
CELL PHONE ()		
OTHER CHAMBER, CIVIC OR PROFESSIONAL ORGANIZAT	IONS?	
SEND MAIL TO: HOMEOFFICE Two Sponsors	required with IACC Membership In	Good Standing:
PRINT SPONSORING MEMBER	PRINT SPONSORING MEMBER	
SIGNATURE SPONSORING MEMBER	SIGNATURE SPONSORII	NG MEMBER
BIOGRAPHY:		
Which fundraising committee are you willing to serve on: Poke		
APPLICANT'S ACCEPTANCE In appreciation of the opportunity afforded me to enjoy the good fellows professional men, and the privilege to render service and cooperation in ITALIAN AMERICAN CHAMBER OF COMMERCE.		
SIGNATURE OF APPLICANT	DATE	
Enclosed: \$175.00 yearly membership fee Payme	ent: Check#Cash	
Credit Card Company/Number		Expiration Date
3- or 4-digit CSC		
Please indicate name preference for badge:		
MEMBERSHIP COMMITTEE The Membership Committee has considered the qualifications of the information, and recommendation to the Board of Directors for consider		this application together with the
SIGNATURE OF MEMBERSHIP CHAIR	DATE	
BOARD OF DIRECTORS After consideration of the nominee's qualifications, the Board of Directo	rs hereby approves this nomination	for membership.
SIGNATURE OF CHAIRMAN OF THE BOARD	DATE	

Please send completed application, along with payment and **passport photo** to: I.A.C.C.M., 51194 Romeo Plank, #354, Macomb, MI 48042