

Italian American Chamber of Commerce of Michigan
CORPORATE MEMBERSHIP APPLICATION

Please Print

FULL NAME OF CORPORATE REPRESENTATIVE: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER/BUSINESS NAME: _____

OCCUPATION: _____ TITLE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

CELL PHONE () _____

OTHER CHAMBER, CIVIC OR PROFESSIONAL ORGANIZATIONS? _____

SEND MAIL TO: HOME _____ OFFICE _____ Two Sponsors required with IACC Membership in Good Standing:

PRINT SPONSORING MEMBER

PRINT SPONSORING MEMBER

SIGNATURE SPONSORING MEMBER

SIGNATURE SPONSORING MEMBER

Why does the organization want to join the chamber _____

Would a corporate representative be willing to serve on a committee? YES _____ NO _____

APPLICANT'S ACCEPTANCE

In appreciation of the opportunity afforded me to enjoy the good fellowship and prestige of my fellow Italian American business and professional men, and the privilege to render service and cooperation in the community with them, I hereby accept membership in the ITALIAN AMERICAN CHAMBER OF COMMERCE.

SIGNATURE OF APPLICANT

DATE

Enclosed: \$500.00 yearly corporate membership fee _____ **Payment: Check #** _____

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 prospective member and submits this application together with the information, and recommendation to the Board of Directors for consideration.

SIGNATURE OF MEMBERSHIP CHAIR

DATE

BOARD OF DIRECTORS

After consideration of the nominee's qualifications, the Board of Directors hereby approves this nomination for membership.

SIGNATURE OF BOARD CHAIR

DATE

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