

Italian American Chamber of Commerce of Michigan

MEMBERSHIP APPLICATION

Please Print

FULL NAME: _____ SPOUSE NAME _____
1ST Name/Maiden (if wife)

E-MAIL ADDRESS: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDATE: _____ BIRTHPLACE: _____ CITIZENSHIP: _____
City/State

EMPLOYER/BUSINESS NAME: _____

OCCUPATION/TITLE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ 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 _____

ITALIAN HERITAGE REQUIREMENT** see bottom of application/BIOGRAPHY:**

Why Do you want to join the IACCM? _____

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

COMMITTEES:

Festa Della Lira ___ Golf ___ By Laws ___ Compassion ___ Networking Events ___ Membership ___ Social Media ___

Finance ___ Donations ___ 50/50 Raffle ___ Italian Heritage/Tigers ___ Italian Festival ___

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: \$400.00 yearly membership fee _____ Payment: Check # _____

Credit Card Company/Number _____ Expiration Date _____

3- or 4-digit CSC _____ NOTE: 3% SURCHARGE FOR CREDIT CARD USAGE

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
*****ITALIAN HERITAGE REQUIREMENT: Must have at least one parent, grandparent, or spouse of Italian descent*****