

Italian American Chamber of Commerce of Michigan

MEMBERSHIP APPLICATION

Please Print or Type

FULL NAME: _____ WIFE'S NAME: _____
1st Name/Maiden name

E-MAIL ADDRESS: _____ @ _____ HOME PHONE () _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ Zip: _____

BIRTHDATE: _____ BIRTHPLACE: _____ CITIZEN: _____
City/State/Country

EMPLOYER/BUSINESS NAME: _____

OCCUPATION: _____ TITLE: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: () _____ BUSINESS FAX: () _____

BANK OR PERSONAL REFERENCE: _____

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

BIOGRAPHY: _____

Would you 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: \$200.00 application fee: _____ Payment: Check # _____ Cash _____

All above Data Must Be Completed Fully To Prevent Processing Delays. Annual dues will be invoiced after acceptance and installation. Current dues: \$400.00 yearly

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

DATE OF 1ST READING: _____ DATE OF 2ND READING: _____

FOR OFFICE USE ONLY: Badge: _____ Welcome Letter: _____ Plaque Package: _____

(Rev 01/08)

Please send completed application, along with payment and passport photo to: I.A.C.C.M. - 24801 Capital Blvd. - Clinton Township, MI 48036

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