



Italian Chamber of Commerce
in Canada – West

MEMBERSHIP APPLICATION

Kindly check the membership level:

- CORPORATE: \$ 550.00 + taxes per year (3 delegates)
- BUSINESS: \$ 350.00 + taxes per year (3 delegates)
- ASSOCIATE: \$ 200.00 + taxes per year (1 delegate)
- FRIEND OF THE CHAMBER: \$ 100.00 + taxes per year (1 delegate)

Company/Delegate's Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Web page: _____ E-mail: _____

Name(s) of delegate(s)	Title	E-mail
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Payment by cheque

Payment by credit card (Visa or MasterCard)

Card Nr: _____ Expiry date: _____

Name: _____
(capital letters)

Date: _____ Signature: _____

Italian Chamber of Commerce in Canada – West
Suite 405 - 889 West Pender St., Vancouver, BC V6C 3B2
Tel: 604.682.1410 Fax: 604.682.2997

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www.iccbc.com



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COMPANY PROFILE

(Corporate and Business members only)

Type of Business: _____
(Please specify if you are: Manufacturing, Service, Agent, Distributor, etc.)

Number of employees: _____ Number of offices in Canada: _____ Year Established: _____

Main area of interest in business with Italy: IMPORT EXPORT COOPERATION

If **IMPORT**, do you currently import products from Italy? YES NO

If YES, which products and companies do you represent?

1) _____ 2) _____ 3) _____

Are you interested in importing or representing other Italian products? YES NO

If YES, specify which ones: _____

If **EXPORT**, please specify product or service: _____

Please list countries you already deal with: _____

If **LOOKING FOR BUSINESS PARTNERS**, please outline type of activity and form of cooperation:
(i.e. Manufacturing, Wholesale, Joint Venture, Licensing, Distribution, etc.)

ITALIAN FAIRS YOU ARE INTERESTED IN ATTENDING:

ADDITIONAL BUSINESS/MARKETING INFO OR ASSISTANCE YOU ARE LOOKING FOR (please specify):

(Please complete and attach this form to the membership application)

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