## Italian American Chamber of Commerce of Michigan <u>MEMBERSHIP APPLICATION</u>

Please Print or Type FULL NAME:		SPOUSE NAME:		
E-MAIL ADDRESS:			1 <sup>st</sup> . Name/Maiden (if wife)	
HOME ADDRESS:				
BIRTHDATE:	BIRTHPLACE:		CITIZEN:	
EMPLOYER/BUSINESS NAME:		y/State/Country		
		TITLE:		
BUSINESS ADDRESS:				
BUSINESS PHONE:				
CELL PHONE ( )				
OTHER CHAMBER, CIVIC OR PROF				
SEND MAIL TO: HOMEOFFICE				
PRINT SPONSORING MEMBER		PRINT SPONSORING MEMBER		
SIGNATURE SPONSORING MEMBER		SIGNATURE SPON	SORING MEMBER	
BIOGRAPHY:				
Why do you want to join the chamber?				
Would you be willing to serve on a cor	nmittee? YESNO			
APPLICANT'S ACCEPTANCE In appreciation of the opportunity afforded professional men, and the privilege to rend ITALIAN AMERICAN CHAMBER OF COM	er service and cooperation in th			
SIGNATURE OF APPLICANT			DATE	
Enclosed: \$400.00 yearly members	hip fee Paym	ent: Check #		
Credit Card Company/Number			Expiration Date	
3 or 4 digit CSC				
Please indicate name preference for badge				
<b>MEMBERSHIP COMMITTEE</b> The Membership Committee has consider information, and recommendation to the Bo			omits this application together with the	
SIGNATURE OF MEMBERSHIP CHAIR		DATE		
BOARD OF DIRECTORS After consideration of the nominee's qualifi	cations, the Board of Directors I	nereby approves this nomir	nation for membership.	
SIGNATURE OF BOARD CHAIR		DATE		
DATE OF 1 <sup>st</sup> READING	DATI	E OF 2 <sup>ND</sup> READING		
Please send completed application	on, along with payment and to: I.A	C.C.M., 51194 Romeo Plank	x, #354, Macomb, MI 48042	
*****ITALIAN HERITAGE REQUIR	EMENT: Must have at leas	t one parent. grandparen	t, or spouse of Italian descent*****	