

Membership Benefits

Take Care of Business.

Below are examples of the advantages you receive as a member of IACCCW Chamber of Commerce. We work full-time to create a strong business environment today and into the future in the U.S. Western Region.

- ▶ **Networking Opportunities:**
 - After Hours Networking Mixers;
 - Business Builder Lunch/ Breakfast events;
 - Business referrals through the Chamber Office;
 - International networking business opportunities;

- ▶ **Marketing Opportunities:**
 - Member Spotlight on Chamber Social Media Outlets;
 - E-blast Program to promote products and services;
 - Social media Promotions (Facebook and LinkedIn);

- ▶ **Education:**
 - Business Seminars and workshops on relevant business topics;
 - Key-note speakers at Chamber meetings and events;

- ▶ **Advocacy:**
 - IACCCW is dedicated to promoting Italian products & services;
 - IACCCW is "The Voice of Our Business Community";
 - Evaluate, track and report International US legislation and trade news;



IACCW
ITALY-AMERICA

CHAMBER OF
COMMERCE WEST
LOS ANGELES

Membership Application & Renewal Form

Company Name: _____

Contact Name: _____
Last First Mid.

Address: _____
Street City Zip Code

Telephone: _____ Fax _____

Email: _____

Web Address: _____

Business Description: _____
What is your principal interest in joining the IACCW?

ANNUAL FEES:

MEMBERSHIP RENEWAL
(10% off within 30 days from expiration date)

NEW MEMBER

- INDIVIDUAL MEMBER**
Individual (Licensed Agents & Independent Professionals)- **\$250**
- CORPORATE**
Up to 10 employees - **\$500**
- SUPPORTING** -**\$1000**

ANNUAL FEE:

ANNUAL MEMBERSHIP DUES Total \$ _____

Main Business Classification

Description: _____

Total Amount Enclosed \$ _____

METHOD OF PAYMENT: (Please check one)

Check Enclosed Cash PayPal

Please make check payable to IACCW and Send to:

IACCW 925 N La Brea, 4th Fl. , Los Angeles, CA, 90038

We hereby agree to a membership in the Italy America Chamber of Commerce West to be renewed each year until cancelled in writing.

Membership Agreement Signature: _____
Date: _____

Once completed, please **mail the form** to the Italy-America Chamber of Commerce West along with the payment.

FOR MORE INFORMATION REGARDING MEMBERSHIP BENEFITS & OPPORTUNITIES EMAIL US AT

MEMBERSHIP@IACCW.NET

OR

INFO@IACCW.NET

IACCW
Italy-America Chamber of Commerce West

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