



## OUR MISSION

The IACCW is a private, U.S. corporation that is devoted to fostering and strengthening business and trade relations between Italy and the U.S. West since 1987.

## MEMBERSHIP BENEFITS

As a member of the Chamber, you are entitled to a variety of services and resources to promote and increase exposure of your business while joining a network of highly dedicated professionals striving to grow their enterprise while contributing to our mission of fortifying trade relations between Italy and the West Coast of the U.S.

## MEMBERSHIP LEVELS & PRIVILEGES

### INDIVIDUAL \$250

(Benefits: Business Referral Services; 10% on all IACCW Services; Invitation to Networking events; Promotion space for your business at IACCW events)

### CORPORATE \$500

(Benefits: Social Media Promotion; Permanent Logo Featured on IACCW Site; Priority Invitations to Exclusive Events)

\*Individual Benefits are included in this package

### SUPPORTING \$1000 +

(Benefits: Opportunity to Sponsor Chamber Events and/or Host Customized Company Events)

\*Individual and Corporate Benefits are included in this membership package

***We hope to offer you the tools and expertise to not only thrive but to be the par excellence in the current competitive global market.***



## MEMBERSHIP APPLICATION & RENEWAL FORM

Company Name : _____		
Contact Name : _____		
<b>Last</b>	<b>First</b>	<b>Middle</b>
Address : _____		
<b>Street</b>	<b>City</b>	<b>Zip Code</b>
Telephone : _____		Fax : _____
Email : _____		
Web Address : _____		
Business Description : _____		
What is your main interest for joining IACCW? _____		
_____		

### ANNUAL FEE

Annual Membership Dues Total : \$ \_\_\_\_\_

Total Amount Enclosed Total : \$ \_\_\_\_\_

**Method of Payment** (Please check one of the boxes):

Check Enclosed   
  Cash   
  PayPal

Please make checks payable to **IACCW** and send to:  
**IACCW 925 N La Brea, 4<sup>th</sup> Floor, Los Angeles, CA, 90038**

**We hereby agree to an annual membership in the Italy-America Chamber of Commerce West**

Membership Agreement Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

### MEMBERSHIP LEVELS

(Please check all that apply)

Membership Renewal

New Member

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**Individual – 250 USD**  
 Individual (Licensed Agents and Independent Professionals)

**Corporate – 500 USD**  
 (Up to 10 employees)

**Supporting – 1000 + USD**