

REQUEST FOR MEMBERSHIP

Company name.....

Full name of the holder.....

Function

Business Sector.....

Number of personnel.....

Address.....

Postal Code.....City..... Tel.

.....Fax..... e-

mail.....Website.....

Asks to be accepted as Member of the Italian Chamber of Commerce for the Netherlands and commits himself/herself to pay the membership fee for the year

The membership to the Italian Chamber of Commerce is valid for 2 years.

- Natural persons and small concerns (until 25 personnel)..... € 170,00
- Medium concerns (from 26 to 100 personnel)..... € 325,00
- Chamber of Commerce..... € 420,00
- Club 500..... € 550,00
- Big concerns / Multinationals..... € 600,00
- Sponsoring partners..... € 1760,00

A payment of €.....has been made to the account Rabobank 1115.19.276

Signature.....

Date.....

To send back

via e-mail: info@italianchamber.nl

by mail to the postal address: Schiphol Boulevard 129 – 1118BG Schiphol Amsterdam

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