

## 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)..... € 120,00
- Medium concerns (from 26 to 100 personnel)..... € 275,00
- Chamber of Commerce..... € 420,00
- Club 500..... € 500,00
- Big concerns / Multinationals..... € 550,00
- 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](mailto:info@italianchamber.nl)*

*by mail to the postal address: de Ruyterkade 5, 1013 AA Amsterdam*

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