

Italian American Chamber of Commerce of KC

2016 Membership Form

First Name _____ Last Name _____
Company Name _____ Title _____
Business Sector/Industry _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email Address _____

Membership

General \$1100

Method of Payment:

- Check *Make the Check payable to "IACC-KC"*
 Credit Card

Credit Card informations:

Amount: _____ Visa Mastercard
Name on the Card _____
Address _____
Card Number _____ Exp _____ / _____

Please send this form by mail to

IACC-KC 4502 Broadway Street, Kansas City, MO 64111

Signature _____

Date _____

italycommercekc.org

info@italycommercekc.org