

2019 ICCI MELBOURNE - MEMBERSHIP APPLICATION

PLEASE COMPLETE, SIGN AND RETURN TO INFO@ITALCHAM.COM.AU

APPLICANT DETAILS - CONTACT PERSON

Title	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Name	ABN (if applicable)
<input type="text"/>	<input type="text"/>

Trading Name (if applicable)	
<input type="text"/>	<input type="text"/>

POSTAL Address

City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET Address

City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tel	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Website

Facebook	Instagram	LinkedIn
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACTIVITY

☐ Import
 ☐ Export
 ☐ Distributor
 ☐ Producer/Manufacturer
 ☐ Service Provider

INDUSTRY SECTOR

- | | | | |
|-------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mechanical Engineering | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Fishery |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Mineral Extraction | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Research and Development | <input type="checkbox"/> Food Industry | <input type="checkbox"/> Furniture and Furnishings | <input type="checkbox"/> Education |
| <input type="checkbox"/> Textile and Fashion Industry | <input type="checkbox"/> Recycling | <input type="checkbox"/> Health | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Media & Marketing | <input type="checkbox"/> Recreation | <input type="checkbox"/> Publishing and Printing | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Industries N.E.C. | <input type="checkbox"/> Architects/Design | <input type="checkbox"/> Hotels and Restaurants | <input type="checkbox"/> Building |
| <input type="checkbox"/> Chemical Industry | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Metals | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Financial& Insurance | <input type="checkbox"/> Services N.E.C. | <input type="checkbox"/> Other | |

Business Activity Description:

Card Number	Card holder Name	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
Card Expiry Date	AMEX ID/CCV	Signature of Cardholder
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
		Amount Authorized
		<input type="text"/>