



Italian American Alliance
For Business and Technology

Membership Application Form

Name: _____
(First) (Middle Initial) (Last)

Title: _____

Company: _____

Company Website _____

Mailing Address: _____

City, State, Zip _____

Telephone Number: (____) _____ **Fax:** (____) _____

Email Address: _____

What industry are you in? _____

What are your services/products? _____

Are you part of a subsidiary/affiliate/branch of an Italian company? Yes No _____

Membership Levels: Please choose one of the following - benefit descriptions listed on reverse

Additional Member: _____
(First) (Middle initial) (Last)

Title: _____

Telephone, fax, and email _____

- Corporate Membership** \$300 (membership for one person)
- Individual Membership** \$100 (membership for one person)

Please complete and mail with payment to: IAABT
535 Griswold Suite 1844
Detroit, MI 48226

For IAABT Use Only

Date Received: _____

Membership Descriptions

Corporate Membership

Annual dues: \$300 (*)

(membership for one person)

Benefits:

- Company link on IAABT web site Directory page
- Discounted admission to IAABT scheduled events

Individual Membership

Annual dues: \$100 (*)

(membership for one person)

Benefits:

- Discounted admission to IAABT scheduled events

More information: (248) 227-6143

(*) membership dues are based on a 12-month calendar (January 1st to December 31st).

- New membership applications received through September 30th will be treated as current year.
- New membership applications received after October 1st will be treated as following year.