



New Jersey | Italy Trade Council

Membership Application

Please type or print clearly

Company Name _____

Primary Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address _____

(If different from above)

City _____ State _____ Zip _____

Telephone _____ Fax _____ Ok to fax? _____

E-mail Address _____

Ok to e-mail? _____ Website _____

Primary Contact & Title _____ Telephone _____

Type of Business _____ SIC Code _____

Brief Description of Your Business _____

Membership Dues - Waived for 2009

Signature Required

Signature: _____ Date: _____

Mail application and check to:

New Jersey / Italy Trade Council
641 Shunpike Road
Chatham, New Jersey 07928
Telephone: 973-966-2800
www.nj-italytrade.org
Email: info@nj-italytrade.org