



The  
**International  
Trade Association**  
of Greater Chicago

4610 North Kenton Avenue  
Chicago, Illinois 60630-4020  
U. S. A.

Phone: [+US] (1) 773.725.1106  
Fax: [+US] (1) 773.725.2294  
www.itagc.com

## Membership Application

I/We hereby apply for membership in The International Trade Association of Greater Chicago in the following category  
Please check one membership category box:

- Individual* \$150 Annual Dues
- Corporate* \$300 Annual Dues: entitles a corporation to eight members with full benefits of membership
- Consular/Diplomatic* \$75 Annual Dues: up to three members with full benefits of membership
- Academic/Faculty* \$200 Annual Dues: up to eight members with full benefits of membership
- Academic/Student (from a Member Academic Institution)* \$25 Annual Dues
- Student* \$50 Annual Dues
- Associate (more than 100 miles from O'Hare International Airport)* \$50 Annual Dues
- Retired/Job Transition* \$50 Annual Dues

Please check one expense category box:

- Personal Expense* Non-transferable; the individual may retain the right to membership regardless of corporate affiliation
- Corporate Expense* Transferable to another corporate employee, provided that the ITA/GC receives duly authorized written notice of any such change

### CONTACT DETAILS

Please print or type information exactly as you would like it to appear in the Annual Membership Directory.

Primary Contact Name\* (Mr./Mrs./Ms.) \_\_\_\_\_

Primary Contact Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Web Site (if applicable) \_\_\_\_\_

Global Business (Percent)  0-24  25-49  51+

Number of Employees  ≤ 10  11-50  51-100  101-500  501+

\* Corporate, Consular/Diplomatic, and Academic/Faculty Applicants: Please provide other members' details on the Continuation Sheet.

## MEMBERSHIP DIRECTORY LISTING

How do you wish to be listed in our Annual Membership Directory? Please indicate which category below best describes your firm; if more than one category applies, please rank-order up to three:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting                     | <input type="checkbox"/> Government              | <input type="checkbox"/> Printing/Publishing                      |
| <input type="checkbox"/> Advertising/Marketing          | <input type="checkbox"/> Importer                | <input type="checkbox"/> Service (not specified elsewhere)        |
| <input type="checkbox"/> Airline                        | <input type="checkbox"/> Inspection              | <input type="checkbox"/> Shipping Line                            |
| <input type="checkbox"/> Banking/Finance                | <input type="checkbox"/> Insurance               | <input type="checkbox"/> Trading Company                          |
| <input type="checkbox"/> College/University             | <input type="checkbox"/> Law Firm                | <input type="checkbox"/> Translation/Communication                |
| <input type="checkbox"/> Consulting                     | <input type="checkbox"/> Manufacturer            | <input type="checkbox"/> Transportation/Warehousing/<br>Logistics |
| <input type="checkbox"/> Customs Broker                 | <input type="checkbox"/> Non-profit Organization | <input type="checkbox"/> Travel Agency                            |
| <input type="checkbox"/> Export Marketing/Management    | <input type="checkbox"/> Packing/Crating         | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Freight Forwarder/Consolidator | <input type="checkbox"/> Port                    |   |

Please provide a brief description of your organization's activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide one manufacturing firm referral (optional, but appreciated)

Name/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Web Site (if applicable) \_\_\_\_\_  
Name (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

## PAYMENT METHOD

- Personal Check     Corporate Check     American Express     MasterCard     Visa

Name \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

ITA/GC Verification \_\_\_\_\_

Please mail completed application with check or credit card information to: Membership Director, The International Trade Association of Greater Chicago, 4610 North Kenton Avenue, Chicago, Illinois 60630-4020, U. S. A.

*Membership becomes effective on the first day of the following month from the approval of a majority of the Board of Directors. The Board considers new applicants on the third Wednesday of each month. Payment must accompany this application. Completion of this application does not constitute acceptance as a member.*

*The International Trade Association of Greater Chicago ("ITA/GC"), a corporation organized not for profit, respects the privacy of every applicant for ITA/GC membership ("You"). The ITA/GC do not collect or store personally identifiable information about you unless you have knowingly and willingly provided such information. You are under no obligation to provide personally identifiable information; however, you may not be eligible to participate in certain ITA/GC programs without providing such information. Any personally identifiable information received is used for the purpose of improving the content and communication of ITA/GC services and programs, and to contact you for marketing purposes. ITA/GC will not give or sell personally identifiable information to any outside organization without your written or electronically indicated consent. Such information may be shared with ITA/GC agents or contractors, but only in connection with services that these individuals perform for ITA/GC programs and services.*

# Continuation Sheet

Corporate, Consular/Diplomatic and Academic/Faculty Applicants, please provide details for additional members:

Organization \_\_\_\_\_

Secondary Contact (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from main) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from main) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from main) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different from main) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

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Country \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Title \_\_\_\_\_

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Country \_\_\_\_\_