



CIBPA Calgary – Invitation-Only Membership Application

You have been personally invited to apply for membership with the **Canadian Italian Business and Professionals Association (CIBPA) – Calgary Chapter**. Our association is dedicated to fostering a strong network of **Italian-Canadian business leaders, professionals, and entrepreneurs**.

As a **by-invitation-only** organization, we seek members who exemplify **leadership, business excellence, and a commitment to our community**. Please complete the application below for review by the Membership Committee.

Applicant Information

- ✦ Full Name: _____
 - ✦ Company Name (if applicable): _____
 - ✦ Position/Title: _____
 - ✦ Industry: _____
 - ✦ Business Address: _____
 - ✦ Email: _____
 - ✦ Phone Number: _____
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Membership Category (Select One)

- Professional Member – \$300/year
 - Young Professional (Under 30) – \$200/year
 - Senior/Retired Professional (65+) – \$150/year
 - Corporate Partner – \$1,000/year
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Professional & Business Background

1 Briefly describe your professional background and experience (max 250 words):

2 What interests you about joining CIBPA Calgary? (max 250 words)

3 How do you envision contributing to the Italian-Canadian business community?


- Networking & Business Development
- Mentorship & Young Professionals Support
- Event Planning & Leadership
- Cultural & Philanthropic Initiatives
- Other: _____

4 Do you have any previous involvement with CIBPA or other professional associations?

- Yes – Please describe: _____
- No


References & Sponsorship

Since CIBPA Calgary is an **invitation-only organization**, a **current CIBPA member must sponsor your application**.

 **Sponsoring Member's Name:** _____

 **Relationship to Applicant:** _____


Additional Reference (Optional)

 **Name:** _____


 **Professional Affiliation:** _____

Declaration & Signature

By submitting this application, I acknowledge that membership is subject to **approval by the CIBPA Calgary Membership Committee** and that dues are payable upon acceptance.

 **Applicant's Signature:** _____

 **Date:** _____

 **Submit completed applications to:** [CIBPACalgary@tcorsolutions.ca]

Next Steps

- Applications will be **reviewed within 2-3 weeks**.
- If approved, you will receive a **formal welcome package and event invitations**.
- **Payment details** will be shared upon acceptance.