

2010 Membership Application

Tell Us About Your Business

Company/Organization _____
 Owner/Manager Name _____
 Primary Contact Person _____
 Year Company Started _____

Mailing Address

Contact Numbers

Street _____	Phone _____
City _____	Alt No. _____
Postal Code _____	Fax _____
	Email _____
Operating Address (If different from above)	Web Page _____

Street _____
 City _____
 Postal Code _____

Number of Employees

Full Time _____ Part Time _____

Business Type

- Commercial/Retail
 Commercial/Service
 Non-Profit
 Home-Based
 Personal (No valid business licence or services to promote)

Business Category (Please provide detailed information so we can help refer your business)

Services Offered

Do you wish to receive information through email?

Yes No

Would you like your business name posted on the Chamber website?

Yes No