



**Greater Victoria**  
CHAMBER of COMMERCE

# Membership Application Form

## Membership Term

1 year from date of payment

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Web: \_\_\_\_\_  
 Municipality in which your business is located: \_\_\_\_\_  
 Contact name & title: \_\_\_\_\_  
 Contact telephone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

**Type of business:**

<input type="checkbox"/> Association	<input type="checkbox"/> Service
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Food services
<input type="checkbox"/> Financial	<input type="checkbox"/> Retail
<input type="checkbox"/> Professional	<input type="checkbox"/> Consultant
<input type="checkbox"/> Are you Export Ready?	<input type="checkbox"/> Health Care
Other _____	

Do you have a product or service you sell to other businesses? \_\_\_\_\_  
 Number of owners & employees \_\_\_\_\_  
 Describe your business (25 words or less) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**We would like to be contacted about the following Chamber Benefits:**

<input type="checkbox"/> Group Health & Employee Insurance Benefits	<input type="checkbox"/> Visa & MasterCard Merchant Discount
<input type="checkbox"/> Chamber Tel Long Distance Discount	<input type="checkbox"/> Monk Office Supply Discount
<input type="checkbox"/> News Group Advertising Discount	<input type="checkbox"/> Shell Gasoline Discount
<input type="checkbox"/> Petro Canada Gasoline Discount	<input type="checkbox"/> Esso Canada Gasoline Discount
<input type="checkbox"/> Mohawk Gasoline Discount	<input type="checkbox"/> Payworks online payroll services
<input type="checkbox"/> ChamberLinks Advertising Opportunities	<input type="checkbox"/> Business Matters Magazine Advertising
<input type="checkbox"/> Monthly Mailing Advertising Opportunities	<input type="checkbox"/> Crime Alert

### Payment Type

Cheque (enclosed)  
 Visa  MasterCard  Amex  
 Card # \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 \_\_\_\_\_

### Payment Plan

One Payment  
 Three Payment Option  
 Pre-Authorized Withdrawals

### Investment in Membership

Base Rate \$ \_\_\_\_\_  
 First Year  
 Administrative Fee: \$50.00  
 GST: \$ \_\_\_\_\_  
 Total Investment: \_\_\_\_\_

### Office Use Only

Membership Certificate  
 Membership Name Badge  
 Member #: \_\_\_\_\_  
 Member Code #: \_\_\_\_\_  
 Paid (Date): \_\_\_\_\_  
 Receipt#: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Sales Rep.: \_\_\_\_\_  
 Source: \_\_\_\_\_

GST: #R107449936