



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
 HST: \$ _____
 Total Investment: _____

Office Use Only

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

HST: #R107449936