



## MEMBERSHIP REGISTRATION FORM

Business / Individual: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

We prefer correspondence by: Email  Mail

We will accept Chamber Bucks: Yes  No

Brief description of your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Registrant: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Registrant: \_\_\_\_\_

- Membership runs from January 1st to December 31st
- Membership fees are due within 30 days from date of registration
  - o Business (for profit) \$145/yr
  - o Business (non-profit) \$120/yr
- Please make cheques payable to: VALLEYVIEW & DISTRICT CHAMBER OF COMMERCE
- Please mail payment to address below