Sign me up!

Membership Sign-up Form

❑ I hereby request admission to membership in the ALBERNI VALLEY CHAMBER OF COMMERCE and I agree that my annual investment in membership shall be $ _____, payable annually in advance. I reserve the right to revise or cancel this agreement by written notice prior to the close of any annual period.

❑ I hereby request brochure display space at the ALBERNI VALLEY CHAMBER OF COMMERCE and I agree that my annual investment shall be $_____

Office use only: ☐ Web ☐Email ☐Access

Type of membership:

- ❑ Full membership
- ❑ Associate Membership
- ❑ Racker
- ❑ Individual
- ❑ Club/Organization
- ❑ Student/Senior

see rate sheet for fees

Payment method:

- ❑ Cheque
- ❑ Cash
- ❑ Visa/Mastercard
- ❑ Debit

Company Name: _____

Mailing address: _____ Postal Code: _____

Location: _____

Phone: _____ Fax: _____ Toll Free: _____

Email: _____ Website: _____

Company Representative: _____ Position Held: _____

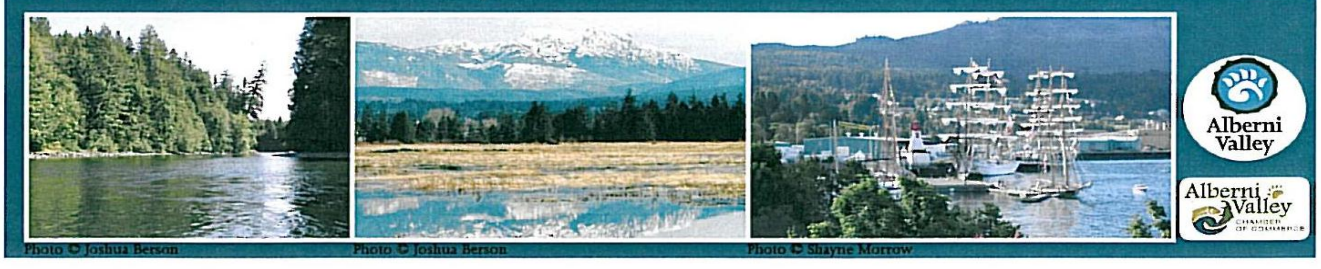
Company Owner(s): _____

Number of full-time employees: _____

Business description: _____

_____

_____

Date _____ **Signature** _____

Alberni Valley Chamber of Commerce