



Business/Organization Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Of Employees: _____ Total (_____ Full-Time _____ Part-Time)

Membership Rates

- 1-3 Employees \$45.00 + HST = \$51.75
- 4-10 Employees \$60.00 + HST = \$69.00
- >10 Employees \$85.00 + HST = \$97.75

Payment

Enclosed (AMOUNT \$ _____)

To follow by mail

MasterCard # _____ Expiry Date _____

VISA

Authorized Signature _____

****Please note****

In compliance with the Privacy Act, please sign below if you grant permission for the Chamber to include your name in any form of publication that lists BVA Chamber Members. Please be assured that we will never sell, share, or disclose your personal information for a mailing list or any other unauthorized use.

Yes, you may include my name in any publicized list as a member of the BVA Chamber of Commerce. (Please include a description of your business – on a separate page – so we may add it to our Member Profiles section of our website.)

Signature

Date