

**Membership Application
Fort St. John & District Chamber of Commerce**

Date: _____

Company Name: _____

Type: _____

Mailing Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Physical Address (if different than above): _____

Email: _____ **Website:** _____

Phone: (____) _____ **Fax:** (____) _____

Contact (Voting Member): _____

Title: _____

Number of Full-Time Employees: _____ **Part – Time** _____

Date Business Opened: _____

Reasons for Joining the Chamber: _____

Referred by: _____

Signature: _____

Method of Payment:

Visa **Check** **Bill me**

Card # _____ **Expiry Date:** _____

Signature of Card Holder: _____

I give my consent to receiving emails/faxes from other Chamber Members.

How do you want the Chamber to keep you informed?

Fax **Email** **Mail**

Please drop off form at the Chamber Office or Fax to (250) 785-6050.

BENEFITS APPLICATION REQUEST FORM

PLEASE CHECK ANY OF THE FOLLOWING APPLICATION FORMS YOU WOULD LIKE MAILED TO YOU AND FAX BACK WITH YOUR MEMBERSHIP APPLICATION TO (250) 785-6050.

- TD Visa/Mastercard**
- Versa Pay**
- Shell Gas Plan**
- Husky/Mohawk Gas Plan**
- Petro-Canada Gas Plan**
- Esso Gas Plan**
- Primus Long Distance Discount**
- Chambers of Commerce Group Insurance Plan**
- Payworks**