



New Membership Sign Up

2017

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.

Please check if you would like to be added to the following: Newsletter Benefit Information

Type of membership:

Full membership Renewal Date: _____

Individual

Club/Organization

Student/Senior

- 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** _____