



New Membership Sign Up

\_\_\_\_ 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.

Company Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Company Owner(s): \_\_\_\_\_

Number of full-time Employees: \_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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*Alberni Valley Chamber of Commerce 2533 Port Alberni Highway, Port Alberni, BC V9Y 8P2*

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