

**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**
- Constant Contact**
- Chambers of Commerce Group Insurance Plan**
- Payworks**
- Chamber Learning Network**
- SynergyFSJ (Junior Division of the Fort St John & District Chamber of Commerce)**
- Member 2 Member Savings Program**