

Application for Membership



Date: _____ Renewal Date: _____

Confidential Company Information - for Chamber Only

Corporate Company Name: _____

DBA: _____

Principal/Owner: _____ Position: _____

Contact Phone: _____ Email: _____

Principal/Owner: _____ Position: _____

Contact Phone: _____ Email: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Company Physical Address: _____

City: _____ Province: _____ Postal Code: _____

Number of Employees (Owners included): FT____ PT____ Years in business: _____

Public Company Information - to be posted on website and newsletters

Company Name: _____ Category/Industry: _____

Main Contact Person: _____ Position: _____

Telephone: _____ Fax: _____

Main Company Email: _____

Company Website: _____

Note: Chamber staff will arrange for collection of your Company's logo/photos/description

Membership Type

___ Regular \$198 (for businesses up to 99 employees)

___ Medium Plus \$310 (100+ employees)

___ Non-Profit \$172 (Services Clubs, Associations etc)

___ Home Base \$160

Office use only

Renewal Date: _____ Receipt _____

Payment Method: ___ Cash ___ Cheque ___ Visa /MC

Name on card: _____ Card# _____

Expiry Date: ____/____ 3 digit code: _____

ESQUIMALT CHAMBER OF COMMERCE
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