

Membership Renewal Application

Company Name: _____ Business anniversary _____

Mailing Address: _____ Postal Code _____

City _____

Main Contact: _____ Email Address: _____

Additional email addresses to receive the weekly email fan out, event registration or sponsorship, member meeting registration, etc.

Contact Name: _____ Email Address: _____

Contact Name: _____ Email Address: _____

Accounting Contact: _____ Email Address: _____

The emails listed on this application wish to receive emails from the Whitecourt & District Chamber of Commerce

Total number of employees: Full Time: _____ Part Time: _____

Industry Classification: _____

Member Directory

Please fill in the information you would like listed in the Member Directory on our website.

Description: _____

Website: _____

Facebook Page: _____

Physical Address: _____

Email Address: _____ Phone #: _____

Membership Tier

Non-profit/Small Business (payable by cheque, cash, e-transfer or credit card)

Silver (Standard Membership) (payable by cheque, cash, e-transfer or credit card)

Gold (payable by cheque, cash or e-transfer)

Platinum (payable by cheque, cash or e-transfer)

Platinum Plus (payable by cheque, cash or e-transfer)

Authorizing Name: _____

Signature: _____ Date: _____

Thank you for supporting your local Chamber of Commerce!

