

Membership Application

		Company Info	rmation		
Company Name:			Date:		
	As to be listed in the c	lirectory			
Mailing Address:	Street Address		Unit # / PO Box #		
	City		Province	Postal Code	
Physical Address:	Street Address	Unit # / PO Box #			
	City		Province	Postal Code	
Phone:			Fax:		
Why are you joining	the Board of Trade? _				
5 membership optic ☐ Stakeholder - \$10,0		0 ☐ Growth - \$2,500	☐ Market - \$900 ☐ Bu	siness - \$430	
		Representa	tives		
Please note that only the n	umber of representatives as o	determined by the rate schedul	le will be listed in the directory a	nd receive a hardcopy of the magazine.	
Main Contact Name	<u>.</u>		Title:		
Email:		Tel:		Fax:	
Mailing Address: ☐ ○ Directory listing	Same as above ○ Receive magazi	□ Other: ne ○ Receive mail	○ Call list for events	Add to call list for events	
Contact Name:	Title:				
Email:		Tel:		Fax:	
Mailing ∆ddress: □	Same as above	□ Other:			
O Directory listing	Receive magazi	ne Receive mail	○ Call list for events	O Add to call list for events	
Please tell us which ☐ National Group Insu ☐ ESSO Direct Billing F ☐ Grand & Toy	rance / RRSP Plan	are interested in hearir □ Johnson Home □ First Data Prefe	ng more about: & Auto Preferred Rates rred Merchant Rates	□ UPS □ Purolator	
Membership Fee					
\$	Including Taxes	Method of Payment:	○Cheque ○Cash ○V	isa ○ MasterDard ○ Amex	
Card #:		Expiry:	Signat	ture:	

^{*} By checking the above "Receive email" box, you are providing consent for us to send you emails (sometimes these will be commercial electronic messages) on information such as events, advocacy and other Board of Trade content. You may revoke your consent and unsubscribe from those emails at any time by contacting us at mail@bot.nf.ca.