



2017 Membership Application

Company Name _____

Contact Person _____ Phone Number _____

Physical Address _____ Fax Number _____

Mailing Address _____

City _____ Postal Code _____

E-mail _____ Website _____

Total Number of Employees _____

Tell us about your business (This will be part of your online directory profile)

What would you consider to be your largest challenge in operating your business?

What can BCRCC do to increase the value of your membership?

How can BCRCC support our local communities better? Do you have any ideas for additional community events or services the Chamber could / help create, host or advocate for?

Yes No Would Your Business Like ..

- | | | |
|-----|-----|---|
| ___ | ___ | to Participate in BCRCC Shop Local Member-to-Member Benefit / Discount Program? |
| ___ | ___ | information on Chamber of Commerce Group Insurance Plan? |
| ___ | ___ | information on Family Friendly Program? |
| ___ | ___ | would you like to receive the Chamber Newsletter via E-blasts email? |

Reason for Joining the Chamber of Commerce _____

Signature _____ Date _____

Office use only !!!!	Membership Fee: \$ _____	___ Paid by Cheque # _____
	Date Paid!	___ Cash
		___ Credit Card