



Primary Organization Information

Name of Firm/Organization: _____

Mailing Address: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Fax #: _____ E-Mail: _____

Web Site: _____

Facebook: <http://facebook.com/pages/> _____

LinkedIn: <http://Linkendin.com/in/> _____

Twitter: <http://twitter.com/> _____

No. Of Employees: _____ Full – Time _____ Part – Time _____

Contact Details

(1) Primary Representative

(Mr./Ms./Mrs.) (First Name) (Last Name) (Position)

Direct Phone #: _____ Fax #: _____ E-Mail: _____

(2) Billing Representative

(Mr./Ms./Mrs.) (First Name) (Last Name) (Position)

Additional Information

Primary Nature of Business (Please Check One):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Accommodation/ Food & Beverage | <input type="checkbox"/> Arts, Culture & Sports | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Public Utilities |
| <input type="checkbox"/> Computers & Telecommunications | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Fishery/Aquaculture |
| <input type="checkbox"/> Community & Civic Organizations | <input type="checkbox"/> Automotive & Marine | <input type="checkbox"/> Transportation | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Retail & Wholesale | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Construction/Contractors | <input type="checkbox"/> Education / Health | <input type="checkbox"/> Import/Export | <input type="checkbox"/> Forestry |

Non-Profit

Other: _____

Membership Category

Membership Level: _____ (First year membership \$50)

Fee: \$ _____ Total: \$ _____

____ Cheque ____ Pre-Authorized ____ E-transfer (info@easterncharlottechamber.ca)

(PLEASE NOTE: Payment MUST accompany application - online payments also available)

M2M Benefits Program

Our Member-to-Member Benefits program offers your business the opportunity to offer discounts and/or special incentives to fellow Chamber members and their employees to encourage Business-to-Business relationships.

Would you like to participate in the program? _____

Please specify M2M Offer:

Other Benefits

We would like to be contacted about the following Chamber benefits:

Chambers Plan – Canada’s #1 Employee Benefits program

Radio Ads

The undersigned hereby applies for membership in The Eastern Charlotte Chamber of Commerce and, in consideration of this application being accepted, agrees to pay the annual dues in accordance with the fee schedule established by the Board of Directors annually, until resignation in writing has been accepted by the Directors as provided in the By-Laws.

Applicant’s Signature: _____

Date: _____

Please submit completed forms to:

The Chamber

Eastern Charlotte Chamber

St. George, NB

Email: info@easterncharlottechamber.ca