

PO Box 588 Unit J 591 Wallace St Hope BC VOX 1L0 1-604-249-1246

Membership Application 2016-2017

Business or Individual Name:						
Primary Bu	usiness Contact:					
Street Add	ress:					
Mailing Address:					it than street add	lress)
Telephone	e: <u>()</u>	E-mail:				
Preferred Contact Method: Snail Mail □ E-mail □						
Website Address:						
Nature of Business:						
Brief Explanation of the business activeities:						
2016-2017 Membership Fees						
	Non-profit / Not-For-Profit organizations		\$75.00			I
Commercial / Business			\$150.0	\$150.00		I
Fees Due	=Paym	nent Date:	Cash:		Cheque:	
Deturn your application by						

Return your application by:

Mail: PO Box 588 Hope BC V0X 1L0, or

Drop off: Hope Chamber of Commerce Office, Unit J 591 Wallace St, Hope BC

Please note that by completing and submitting this membership application you agree to abide by the terms, conditions, and policies of the Hope & District Chamber of Commerce.

website: www.hopechamber.net e-mail: info@hopechamber.net