

MEMBERSHIP



To apply for membership please complete form.

Business Name

Date :

Membership Type:

Level 1

Level 2

Level 3

Level 4

Level 5

Full Name

E-Mail

Address

City/Province

Phone

Postal Code

Mobile

Payment

Amount Owed

+GST

= Total

Payment Method

Credit Card

Cheque

Credit Card

Visa

Mastercard

Name on Card

Card Number

Expiry Month

Year

CVV

Terms and Conditions

Payment is due at time of booking

Please forward your completed application via email to

membership@summerlandchamber.com or mail to

Summerland Chamber PO Box 130, Summerland BC V0H 1Z0

I agree to these terms and conditions

Full Name

E-Mail