



APPLICATION FOR MEMBERSHIP

Contact information

Name: _____

No. and street: _____ *(business address if applying for corporate membership)*

City: _____ Province: _____

Postal code: _____

Telephone: _____ E-mail: _____

Company name: _____ Website: _____

Membership (please select one)

- Individual \$77.00 annual fee covering period July – June
- Corporate \$277.00 annual fee covering period July – June

Payment Please make cheque payable to: Canada Czech Republic Chamber of Commerce

I want to become a member of the Canada Czech Republic of Chamber of Commerce and, I agree to receiving electronic, printed or by telephone communications, regarding the Chamber's activities and events.

I understand that the information provided above will not be sold, shared or given away to any third party.

Date: _____

Place: _____ Province: _____

Signature: _____