



544 Harvey Avenue
 Kelowna, BC V1Y 6C4
 Tel: 250-861-3627
 Fax: 250-861-3624
 diana@kelownachamber.org

MEMBERSHIP APPLICATION

Date: _____ Account Manager: _____
 # of Employees _____ Business License Verified _____

Kelowna Chamber Website Listing Information (as you would like it to be displayed on the website)

Business Name: _____ # of Employees: _____ Membership Level: _____

Business Address: _____

Address Displayed Yes No City _____ Postal Code _____

Billing/Mailing Address (if different from above): _____

Business Phone: _____ Toll Free: _____ Fax: _____

Business E-mail: _____ Business Web Address: _____

Contact Name: _____ Title / Position: _____

Contact Phone: _____ Ext: _____ Contact Direct E-mail: _____

Whom can we thank for referring you to the Kelowna Chamber? Their Name & Business: _____ , _____

Please indicate your reason(s) for joining the Kelowna Chamber? _____

*Please provide **Voting Member Names**: 1 for Bronze Membership / 3 for Silver, Gold and Platinum*

Name: _____ Title: _____ Phone: _____ Ext: _____ E-mail: _____ (B)

Name: _____ Title: _____ Phone: _____ Ext: _____ E-mail: _____ (S,G,P)

Name: _____ Title: _____ Phone: _____ Ext: _____ E-mail: _____ (S,G,P)

*Please provide **Web Listing Categories**: 1 for Bronze Membership / 2 for Silver / 3 for Gold / 4 for Platinum*

1. _____ (B) 2. _____ (S) 3. _____ (G) 4. _____ (P)

Notes:

Check here for monthly Pre-Authorized Withdrawals (PAW) from your bank account
 Please attach a void cheque and pre-authorization form

Check here if you are a Not for Profit

Registration #: _____

Check here if you are a home-based business

This application for membership implies your permission to receive Kelowna Chamber of Commerce communications and correspondence via e-mail

BRONZE - \$340	
SILVER - \$630	
GOLD - \$940	
PLATINUM - \$1,500	
IND - \$125/NFP - \$175	
UPGRADE from _____ to _____	
\$50 Initial Enrolment Fee	
Subtotal	
GST# 107561789 Plus GST @5%	
TOTAL	

Please refer to reverse side for Payment Information

Please check one: Cheque Debit Visa MasterCard American Express

Credit Card #: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

Name on card: _____ CVV #: _____

Signature: _____

Thank you for your membership

Connection Advantage Influence

Simply return your completed form to diana@kelownachamber.org or fax it to 250.861.3624 / Questions? Call 250-469-7352

Payment Information:

- * *Your credit card information will be shredded once processed*
- * *A \$25.00 fee will be applied to NSF cheques, returned bank withdrawals and unsuccessful credit card transactions*
- * *Monthly pre-authorized withdrawal payments are processed on the 15th of each subsequent month following the initial payment and administration fee charge*
- * *A one-time enrollment administration fee of \$50 is applied to the first payment*
- * *All fees and charges are subject to 5% GST*
- * *Applications are subject to approval by the Kelowna Chamber of Commerce*