

APPLICATION FORM

Date of Application (mm/dd/yyyy)	Applicant name: Mr. / Ms. / Mrs.	Title
Phone	Email	
Address		
City	Province / State	Postal Code / Zip Code
Mailing Address: (if different from above)		
City	Province / State	Postal Code / Zip Code

MEMBERSHIP

<p>Membership expiry: October 31, 2016</p>	Pricing	Granted
	\$250 CAD + GST	1 membership
Membership fees will be prorated monthly		

All incoming applicants will be reviewed by the AmCham Pacific Membership committee and approved applications must be ratified by the Board of Directors.

The American Chamber of Commerce in Canada is a premium business focused organization. As such we hope to have a high level of input and attendance from owners, directors, senior managers, key government officials and valued stakeholders in each member organization.

To gain an understanding of applicants and members of AmCham Pacific, we are requesting that our accompanying questionnaire be completed.

By applying to AmCham Pacific you agree to receive our electronic notifications and reminders of various events and activities.

All fees will be pro-rated on a monthly basis. For example: a new member who applies 6 months into the fiscal year will be required to pay 50% of the annual fee.

APPLICATION SUBMISSION TO INCLUDE

A business-style headshot for each listed executive member in electronic format (optional)

PAYMENT SUBMISSION

Cheque is attached. **Payable to: American Chamber of Commerce in Canada - Pacific Chapter**

Return this application along with your payment by mail:

C/O Maria Rajanayagam **By fax:** 877.612.6358
RBC **By email:** memberships@amchampacific.com
 Suite 328 North Tower
 650 West 41st Avenue
 Vancouver, BC V5Z 2M9

Note: A cheque must be submitted with application, and will be returned if application is not accepted.

PAYMENT INFORMATION

<input type="radio"/>  <input type="radio"/> 		Cardholder Name	Credit Card Number	CVV
Expiry Date	Billing Address			
Cardholder Signature (required)		Email Address for receipt		
City			Postal Code / Zip Code	

"I consent to the collection, use and disclosure of any personal information relating to my membership for the purposes of updating the AmCham records and websites"

Signature: _____ Print Name: _____

Title: _____

QUESTIONNAIRE

Briefly describe your organization's main activities:

Which other Organizations or Chambers are you a member of in Canada?

What value do you hope to gain by becoming a member of AmCham?

What contribution can you make to AmCham as a member?

OFFICE USE ONLY

Processed By	Date	Confirmation Number
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