

APPLICATION FORM

Date of Application (mm/dd/yyyy)	Company/Organization Name		
Phone	Email		
Address			
City	Province / State	Postal Code / Zip Code	

MEMBERSHIP

Membership expiry: October 31, 2011	Company Size	Pricing	Granted	Applying For
	2-19 employees	\$500 CAD + GST	2 memberships	<input type="checkbox"/>
	20-99 employees	\$750 CAD + GST	3 memberships	<input type="checkbox"/>
	100+ employees	\$1000 CAD + GST	4 memberships	<input type="checkbox"/>
Membership fees will be prorated monthly				
Member #1 Name	Title	Email		
Member #2 Name	Title	Email		
Member #3 Name	Title	Email		
Member #4 Name	Title	Email		

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 high resolution company logo in .jpg or .eps file format

▶ 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
RBC
Suite 328 North Tower
650 West 41st Avenue
Vancouver, BC V5Z 2M9

By fax: 877.612.6358
By email: memberships@amchampacific.com

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: _____

▶ OFFICE USE ONLY

Processed By	Date	Confirmation Number
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QUESTIONNAIRE

Company/Organization name		Date (mm/dd/yyyy)
Type of Organization (Sole Proprietorship, Private Company, Branch, Liaison or Representative Office, U.S. Government Affiliation or U.S. Citizen)		
Primary industry (Business classification)		
Date of Incorporation or Registration in Canada (mm/dd/yyyy)	Number of full-time employees	Number of part-time employees

Briefly describe your organization's main activities:

Describe your present interests or affiliations with the USA:

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?
