

**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: <b>October 31, 2020</b></p>	<b>Pricing</b>	<b>Granted</b>
	\$250 CAD + GST	1 membership
<b>Membership fees will be prorated monthly</b>		

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**

- Credit Card payment upon invoice receipt
- 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  
531 West 57th Avenue  
Vancouver, BC V6P 1R8

**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.

*"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