

## APPLICATION FORM

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

## MEMBERSHIP

Membership expiry: <b>October 31, 2021</b>	Company Size	Pricing	Granted	Applying For
	2-19 employees	\$500 CAD + GST	2 members	<input type="checkbox"/>
	20-99 employees	\$750 CAD + GST	3 members	<input type="checkbox"/>
	100+ employees	\$1000 CAD + GST	4 members	<input type="checkbox"/>
<b>Membership fees will be prorated monthly</b>				
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**

Credit card or cheque is accepted. Upon successful approval of the membership application, an invoice is provided with payment instructions.

“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

**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?
