

Prince Albert & District Chamber of Commerce

3700 Second Avenue West Prince Albert, SK S6W 1A2

Phone: (306) 764.6222

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MEMBERSHIP APPLICATION

Business Name:		
Business Address:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email:	Website:	
Type of Business (For directory li	sting):	
Description of business activities ((for directory listing):	
Number of Full-time employees (o	or full-time equivalent):	
	hip in the Prince Albert & District Chamber of Common Market (GST 107858060RP0001)	merce with agreement to pay an annual fee of
Primary Chamber Representative	e:	
Name:	Title:	
The undersigned agrees with the objects	ive endorsed by the Chamber and will endeavour to	be a contributing member.
Signature:	Date:	
Who referred you to the Chambe	r of Commerce?	

Stay connected. Consent to receive important updates from the Chamber.

The Prince Albert & District Chamber of Commerce uses a number of electronic formats to send important communications to our members. Our email messages include notices, event invitations and electronic newsletters. As part of Canada's new Anti-Spam Legislation (CASL) governing electronic communications, we now require your consent in order to send electronic messages on behalf of the Prince Albert & District Chamber of Commerce. If you wish to receive our emails, please check the box below.

☐ Yes, I wish to receive important electronic communications from the Prince Albert & District Chamber of Commerce.

Business Builds Prince Albert

Upon completing this application for membership, you agree to allow the Prince Albert & District Chamber of Commerce to maintain a database containing the above information for the purposes of distribution of monthly newsletters and correspondence, responding to e-mailed questions and concerns, delivering notices of meetings and events, and inclusion of your business in the membership directory on the Chamber's Website. This information is not for resale to any third party.