

**VULCAN & DISTRICT CHAMBER OF COMMERCE**

# *“The Chamber of Commerce advocates and promotes economic development and retention in our community.*

# *We provide leadership and encourage sustainable growth, prosperity and service excellence”*

**BUSINESS MEMBERSHIP APPLICATION**

## Chamber year: January 1st, 2020 – December 31st, 2020

Business Membership Annual Fee **$75.00**. This Application/Renewal Form must be completed in full and returned with payment. A receipt will be issued when this form and payment has been processed.

**PLEASE REMIT FORM AND FEE TO:**

**Vulcan and District Chamber of Commerce**  Attn: Membership P.O. Box 385 Vulcan, AB T0L 2B0

For more information: [www.vulcanchamber.ca](http://www.vulcanchamber.ca/) | [vdccoffice@gmail.com](mailto:vdccoffice@gmail.com)

Application Date:

Business Name:

Type of Business:

New Business Existing Business

Contact Person:

First Name Last Name Position

- -

- -

- -

Business Contact # Secondary Contact # Fax #

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Email Address |  | Website |  | |
| Business Address: | Street | City | Town | Village |  | Province | Postal Code |
| Mailing Address: | P.O. Box | City | Town | Village |  | Province | Postal Code |

I agree to receive Chamber & Member communications (Email / Phone / Facebook / etc) \_\_\_ Yes \_\_\_\_ No

Please include my business name on the Window Decals? \_\_\_ Yes \_\_\_\_ No

I Consent to share my contact info with other Chamber businesses? \_\_\_ Yes \_\_\_\_ No

I Consent to have my business and contact information posted on the VDCC Website? \_\_\_ Yes \_\_\_\_ No

Please accept this application for membership with the Vulcan & District Chamber of Commerce. I understand that MEMBERSHIP FEES ARE NON-REFUNDABLE.

I also understand that membership is a privilege, and will make every effort to adhere to the **Vulcan & District Chamber of Commerce Code of Conduct**:

As a member of the Vulcan & District Chamber of Commerce (the Chamber) I will:

1. Conduct business and professional activities in a reputable manner to reflect honourably on the Chamber and the business community.
2. Understand, support and promote the missions and goals of the Chamber.
3. Support the functions and activities of the Chamber and, where possible, lend my business and professional expertise.
4. Play a role to promote, develop and enhance business growth in the County.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Date | Applicant’s Signature | Chamber Authorization |

## Please submit a high resolution digital copy of your business logo for website listing to: [vdccoffice@gmail.com](mailto:vdccoffice@gmail.com)