



## MEMBERSHIP APPLICATION

Please complete the below portion for membership and mail this application with a cheque payable to Inuvik Chamber of Commerce at:

**Inuvik Chamber of Commerce  
P.O Box 3039  
Inuvik, NT XOE-0T0**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax no: \_\_\_\_\_

Email: \_\_\_\_\_

Company website: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Product/Services Provided: \_\_\_\_\_

**Membership Fee: \$100.00**

*What could the Inuvik Chamber of Commerce do for your business?*

Advocacy

Member Benefits

Influence

Networking

Information

*Please circle your preferred level of involvement:*

Officer

Director

Member

Applicant Signature: \_\_\_\_\_