

ROSTHERN *& district* CHAMBER OF COMMERCE

Membership Application

Business Name:		Type of Business:	
Bus. Address:		Bus. Phone:	No. of Staff:
City/Town:	Province:	Postal Code:	
Email:		Website:	
Contact Person:		Title:	
Mailing Address (if different than above):			
City/Town:	Province:	Postal Code:	
Additional Contact Person:		Title:	
Email:		Phone:	

Describe your business activity:

Annual Membership: \$120 (January to December)

Collection will begin in December for the following year, with all membership fees due by January 31st.

- ☐ Included is a cheque made payable to the Rosthern & District Chamber of Commerce.
- ☐ E-transfer to rosthernchamber@gmail.com.
- ☐ Please send me an invoice, made out to the business listed above.
- ☐ I am interested in joining the Board of Directors.
- ☐ I would like to volunteer for a committee. (i.e. évents/activities, membership, bylaws, etc.)

By signing below, you acknowledge that the information in this application is accurate and that any content supplied by or including the member or their business now or in the future is presumed to include permission for the Rosthern & District Chamber of Commerce to have full use of this content. It is the individual member's responsibility to notify the Rosthern & District Chamber of Commerce of any exceptions.

Print Name: _____ Signature: _____ Date: _____

Rosthern & District Chamber of Commerce
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