



Diamond Valley Chamber of Commerce

Box 61 Turner Valley, AB, T0L 2A0

MEMBERSHIP APPLICATION If renewal, please update changes.

Primary Contact Name: First: _____ Last: _____

Primary Email Address: _____

Company Name: _____

Nature of Business: _____

Mailing Address: _____

Town: _____ Prov: **AB** Postal Code: _____

Phone: _____ Cell: _____ FAX: _____

Website: _____

Your Company Representative(s) to the Chamber:

1) _____ 2) _____

Yearly membership rate: \$95.00 (Valid for 1 fiscal year: April 1 to March 31)

Cheque payable to: Diamond Valley Chamber of Commerce. Mail to: Box 61, Turner Valley, AB, T0L 2A0

Note: All correspondence, including billing, will be by email to the above name & email address. You will receive all Chamber correspondence and be invited to all meetings and events immediately upon receipt of your application and payment.

Authorizations:

1) May we contact you at the above **email address** with updates and information.

YES: ____ NO: ____

2) Include my business information on the **Chamber Website** and in the **Membership Directory**.

YES: ____ NO: ____

Signature: _____ DATE: _____

I would like more information about the **Chambers of Commerce Group Insurance Plan**.

www.diamondvalleychamber.ca diamondvalleybiz@gmail.com diamondvalleychamber@gmail.com