MEMBERSHIP APPLICATION

WOMEN IN BUSINESS ASSOCIATION STRATHCONA COUNTY



| CONTACT INFORMATION | | | |
|---|----------------------------|-------------|---------------|
| Business Name | | | Date |
| | | | |
| Primary Contact | | | Industry |
| | | | |
| Membership Type | Corporate | Member Asso | ociate Member |
| \$250 Corporate: ideally suited to larger organizations who might want to send multiple delegates to events. \$150 Member: reserved for residents living in, or businesses located in Strathcona County. \$150 Associate: best for individuals and businesses that aren't physically located here but serve Strathcona County. | | | |
| Business Address | | | |
| Home Address | | | |
| Email Address | | | |
| Website - Please identify the URL you want your listing on the Member Directory to link to. | | | |
| Please submit your logo alongside your application in order to expedite new member recognition. | | | |
| Phone Number | | | |
| May we add you to | our email distribution lis | t? Yes N | 0 |
| If no, please be aware that email is our primary communication method with members. You may miss valuable updates. Your annual member renewal and notice of AGM will be mailed to your business address if you check no. | | | |
| Method of | | | |

Payment

We can process credit cards or e-transfers. **E-transfer can be sent to infoewibasc.ca.** Please indicate if you would prefer to pay by credit card – then our Treasurer will contact you. Please do not share credit card information on this form, we need it only to secure payment, not to keep on file.

ACKNOWLEDGEMENT

I agree to abide by the Bylaws of the Women in Business Association Strathcona County, along with the policies and procedures as accepted and amended from time to time.

Applicant Signature

Date