



Moose Jaw & District Chamber of Commerce

88 Saskatchewan St. E., Moose Jaw, Sask. S6H 0V4

Phone: 692-6414 Fax: 694-6463

Email: chamber@mjchamber.com

www.mjchamber.com

APPLICATION FOR MEMBERSHIP

BUSINESS/FIRM NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

MAILING ADDRESS: (if different from above) _____

_____ POSTAL CODE: _____

CONTACT: _____ POSITION: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE ADDRESS: _____

TYPE OF BUSINESS ACTIVITY: _____

NUMBER OF EMPLOYEES: (full time equivalent) _____

Special Interests:

- Agriculture Civic & Legislative Affairs Business Education Membership
 Special Events Tourism & Convention Other (please specify) _____

I, hereby make application to be admitted as a member of the Moose Jaw & District Chamber of Commerce. If admitted, I undertake to be governed by the present and future bylaws of the organization and I agree to allow the Moose Jaw & District Chamber of Commerce to maintain a database containing the above information. Business contact information will be placed in the Chamber's membership directory and on their website.

Signature: _____ Date: _____