

Please complete and return this form with your payment

Company Name: _____
Conducting Business as: _____
Business License Number and Issuing Agency: _____
Address (Street and Mailing) _____

Circle the sector your business is best categorized:

Activities | Food Services | Non-Profit | Retail
Salon, Spa, Health | Transportation, Tours
Other Services (Please specify)

Contact Name: _____
Contact Phone Number: _____ Cell: _____
Business Phone Number: _____ Fax: _____
Contact Email Address: _____
Business URL: _____
Number of FTE Employees: _____

Dues Payable: _____

Jasper Park Chamber of Commerce membership year is September 1, 2017 to August 31, 2018

Dues are payable October 31, 2017 and will be subject to a 2% late payment fee monthly

We'll make it easy for you.....

Credit Card Authorization

Any member who wishes to do so may pay dues and event reservations using VISA or MasterCard. Please complete the information section below to authorize our administrative team for meeting event reservations and/or dues. Note your credit information remains strictly confidential and is stored in a secure location.

Check the appropriate areas

Credit Card Type: _____ Credit Card Number: _____
Expiry Date: _____

I authorize the Jasper Park Chamber of Commerce to charge my credit card for () annual dues not to exceed the balance noted above as the required dues for 2017/18 and () for events/meetings for which I make a reservation throughout the chamber year. I understand that I will be charged for any event/meeting registration for which I do not provide notice of a need to cancel a minimum of 48 hours in advance of the event/meeting.

Name of Cardholder: _____ Signature: _____

