

## **APPLICATION FOR MEMBERSHIP**

COMPANY/ORGANIZATION NAME:	
CONTACT PERSON:	
PHYSICAL ADDRESS & MAILING ADDRESS:	
WEBSITE ADDRESS:	
PHONE #: FAX#:E-MAIL:	
NATURE OF YOUR BUSINESS:	
WHAT ARE YOUR EXPECTATIONS OF THE STONEWALL & DISTRICT CHAMBER OF COMMERCE?	

## EVERYONE HAS AN AREA OF EXPERTISE. WHAT DO YOUR FEEL IS YOUR AREA AND HOW DO YOU FEEL YOU WOULD BE ABLE TO CONTRIBUTE TO THE STONEWALL & DISTRICT CHAMBER OF COMMERCE?

Membership fee **\$122.50** plus gst yearly. (*\$128.63 including gst*) Please remit payment and application to: **The Stonewall & District Chamber of Commerce Box 762 Stonewall, Manitoba ROC 2Z0** 

For further information please contact membership coordinator: **Chris**ty **Brown 467-5836** or e-mail **info@stonewallchamber.com**.