

MEMBERSHIP INVESTMENT FORM

Business name _____

Address _____

Phone _____ **Fax** _____

Email _____

Website: _____

I hereby apply for membership in the West Quesnel Business Association. In accordance with privacy legislation, I give the WQBA permission to use the above information in our business directory, website, newsletter and for referrals to your business from our office

Signature _____

Please describe your business (use the back of this form for more info or send us a brochure):

Category of business (please circle one below)

Category is based on number of employees:

Business – sole proprietor \$100

Business with employees \$150

Non-profit organization NO CHARGE

Please make cheque out to WQBA and mail to:

P.O. Box 4242 Quesnel, BC V2J 3J3

Thank you and welcome to the WQBA!



**West Quesnel
Business Association**