

The Nature of Business.

Box 1493 La Ronge, SK SOJ 1LO

## **Membership Application / Renewal Form**

	Membersing Applied	acion y menewan ron		
Business Name			Application Type (please circle)	
			New Renewal	
Physical Address		Mailing Address		
Town	Province	Postal Code	Contact Person (Owner/Manager)	
Email address*		Fax number		
*to receive our newsletter and oth	er regular communications, please p	provide us with an e-mail address		
The following information is optional. To be listed in the business directory on our website we encourage you to include a business phone number and hours of operation.				
Phone Number		Hours of operation		
Website Address				
Brief Description of Business (Maximum 200 characters)				
Business Type (please circle one)				
Regular (1+Employees) \$100/ year Home-Based Bus		Business \$50/year	Non Profit \$25 /year	
Payment Method Cheque Cash	Chamber use only			
By signing below, you acknowledge that you have read & agree to abide by the Chamber's Bylaws, a copy of which can be found on the La Ronge and District website.				
Name of Applicant (please print)	Signature		Date (YYYY/MM/DD	
Visit our website at <u>www.laclarongechamber.ca</u> for more information.				