



WestShore Chamber of Commerce
2830 Aldwynd Road, Victoria, BC V9B 3S7
Phone: 250.478.1130 Fax: 250.478.1584
cwallis@westshore.bc.ca www.westshore.bc.ca

Join the WestShore's Thriving Business Organization!

Business Name _____ Date _____
 Contact Name _____ Phone _____
 Mailing Address _____ Fax _____
 City _____ Postal Code _____ Email _____
 Website _____ # Employees _____

How did you hear about the Chamber?

- Referral from another member (please let us know who so we can say thank you) _____
 Chamber Contact Found your website Word of mouth Business License Referral

Please indicate your main business category for placement in the Chamber online business directory:

- Professional Services _____
 Tourism & Lodging _____
 Dining and Recreation _____
 Industry & Builders _____
 Retail Sales & Service _____
 Government, Education, or Association _____

VOLUNTEER!

Want to get involved? Here's how you can:

- Help with event planning (committee)
 Help with event logistics (on the ground)
 Sponsorship of events
 Help with phoning members (event reminders, etc.)

Current Member Rates

Name Tag: _____

# of Employees	Annual Fee	HST	Total (HST Included)	Monthly Payment Option (HST Included)
Individual/nonprofit	\$232.00	\$27.84	\$259.84	\$23.89
2-4 employees	\$243.00	\$29.16	\$272.16	\$24.92
5-9 employees	\$304.00	\$36.48	\$340.48	\$30.61
10-19 employees	\$370.00	\$44.40	\$414.40	\$36.77
20+ employees	\$464.00	\$55.68	\$519.68	\$45.55
Associate member	\$100.00	\$12.00	\$112.00	\$11.57
One-Time Administration Fee	\$50.00	\$ 6.00	\$ 56.00	
(Includes WS Chamber Name Badge)		TOTAL		

Photo Permission

We take photos at our mixers and special events to post on our website and use occasionally in Chamber publications. Please indicate whether you grant your permission for chamber staff to use photos of you taken at our events.

- Sure – no problem No – please don't use any photos of me Initial _____

Method of Payment

- Monthly pre-authorized payment (preferred). Please attach a void cheque.
 Cheque enclosed for the entire amount \$ _____
 Mastercard VISA Card Number _____ Exp date _____
 Name on Card _____ Signature _____

FOR OFFICE USE ONLY: Approval date _____ Welcome contact Web Maximizer DB Email DB Name Tag
 Accounting copy Group Insurance TD Merchant Services Member2Member Program