



**WestShore Chamber of Commerce**  
2830 Aldwynd Road, Victoria, BC V9B 3S7  
Phone: 250-478-1130 Fax: 250-478-1584  
chamber@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 \_\_\_\_\_ Home Based Business

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 where we can use your help!

- 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
Individual/nonprofit	\$227.19	\$27.26	<b>\$254.45</b>
2-4 employees	\$238.01	\$28.56	<b>\$266.57</b>
5-9 employees	\$297.52	\$35.70	<b>\$333.22</b>
10-19 employees	\$362.43	\$43.49	<b>\$405.92</b>
20+ employees	\$454.40	\$54.52	<b>\$508.93</b>
Associate member	\$97.37	\$11.68	<b>\$109.05</b>
One-time Administration Fee (includes Chamber name tag)			\$50.00
TOTAL			\$

Monthly Payment Option
<b>\$22.83</b>
<b>\$23.57</b>
<b>\$29.13</b>
<b>\$35.19</b>
<b>\$43.78</b>
<b>N/A</b>

### 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  Excel DB  VR DB  
 Accounting copy  Group Insurance  Name Tag  Member 2 Member Discount Program