

2019 Membership Registration Form

Contact Information:	
Business Owner:	
Business Name:	
Business Phone Number:	
Business Address:	
Business P.O Box:	
Business Email:	
Website URL:	
Social Media:	
Operating Hours:	
Products/Services:	

Additional Information:	
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Signature: _____ Date: _____

Membership for the 2019 year will start once we have received your \$50 membership fee.
Please make cheque payable to Outlook and District Chamber of Commerce.

Mailing Address:
Outlook and District Chamber of Commerce
Attn: Kirisa Dahl
Box 431
Outlook Sk
S0L 2N0

