

Springfield Chamber of Commerce  
Box 16 | Oakbank, Manitoba | R0E 1J0  
E: info@springfieldcommerce.com



## Application for Membership

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Fax no: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Primary Contact for Chamber Communications: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Accounts Payable Contact for Membership Renewal: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Business Classification: \_\_\_\_\_

Please provide a description of your business, products and/or services (40-50 words):

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Membership Fee: \$ 200.00 Please Invoice

Payment Enclosed

Please make cheques payable to: Springfield Chamber of Commerce

What prompted you to join the Chamber of Commerce? \_\_\_\_\_

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Are you interested in joining any of the Chamber of Commerce Committees or Board of Directors?

- Events Committee
- Business Advocacy Committee
- Chamber Board of Directors

## What Services Are You Looking For?

Check all that apply:

- Chamber Group Insurance Plan
- Member Discounts (Affinity programs, POS)
- Networking opportunities
- Other: \_\_\_\_\_
- Business Referrals
- Exposure (ex. Directory)

## Consent for Communications

Please note that you can change these preferences at any time.

- Yes, I consent to receive the Chamber newsletter by email
- Yes, I consent to receive all other types of email communications from the Chamber (event notifications, surveys, etc.)
- Yes, I would like to receive invoices and statements by email.

## Information Authorization Release

As a member of the Springfield Chamber of Commerce, your business or organization has the opportunity to have its contact information listed on the Chamber website. In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Information Protection Act (PIPA), any organization or business must authorize the release of such information. Also, the information must be gathered with consent, be collected for a reasonable purpose, used for the limited purposes for which it was gathered, be open for the owner's inspection and correction, and be stored securely.

Please select the appropriate check box below:

- Yes, I hereby authorize the Springfield Chamber of Commerce to list the following information on it's website, and refer to inquiring customers:
  - Company name
  - Street Address
  - Mailing Address
  - Phone number
  - Fax number
  - E-mail address
  - Website address
  - Business Classification
- No, I do not authorize the Chamber of Commerce to list my information on its website or refer it to inquiring customers.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_