



# Membership Application

No of Rooms (if applicable): \_\_\_\_\_

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

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

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Name of Owner(s): \_\_\_\_\_

\_\_\_\_\_

Name of Manager: \_\_\_\_\_

Annual Membership Fee:      \$1,380.00 + GST: \$69.00      TOTAL: \$1,449.00

Dated and signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature