



Business Details

Name of Firm/Organization: _____

Mailing Address: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Fax #: _____ E-Mail: _____

Web Site Address: _____

Facebook: <http://facebook.com/pages/> _____

LinkedIn Address: <http://Linkendin.com/in/> _____

Twitter Address: <http://twitter.com/> _____

Contact Details

(See membership investment schedule to determine number of representatives allowed in fee category)

(1) _____
(Mr./Ms./Mrs.) (First Name) (Last Name) (Position)

Direct Phone #: _____ Fax #: _____ E-Mail: _____

(2) _____
(Mr./Ms./Mrs.) (First Name) (Last Name) (Position)

Direct Phone #: _____ Fax #: _____ E-Mail: _____

Additional Information

Primary Nature of Business (Please Check One):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accommodation/ Food/ Beverage | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other Service |
| <input type="checkbox"/> Business Service | <input type="checkbox"/> Health/ Social Service | <input type="checkbox"/> Retail | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Transportation/ Storage | <input type="checkbox"/> Education | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Utilities/ Telecommunications | <input type="checkbox"/> Finance/ Banking | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale |

No. Of Employees in Greater Saint John: _____ Full – Time _____ Part – Time

Website Listing Classifications: _____

(See membership investment schedule to determine number of classifications allowed in category)

Membership Category

Membership Level: _____ (Please refer to membership investment schedule)

No. Of Representatives: _____ No. Of Additional Representatives: _____

Fee: \$ _____ HST: \$ _____ Waterfront Development Fund: \$ _____ Total: \$ _____

____ Cheque ____ Visa ____ MasterCard ____ *(PLEASE NOTE: Payment MUST accompany application - online payments and Pre-Authorized Payments also available)*

M2M Benefits Program

Our Member-to-Member Benefits program offers your business the opportunity to offer discounts and/or special incentives to fellow Board of Trade members and their employees to encourage Business-to-Business relationships within the Saint John Board of Trade Membership.

Would you like to participate in the program? _____

Please specify M2M Offer:

Other Benefits

We would like to be contacted about the following Board of Trade benefits:

Group Health Insurance Benefits Program

Visa & MasterCard Merchant Discount Services

Twenty – 30 seconds radio commercials on 97.3 The Wave and Country 94.1

The undersigned hereby applies for membership in the Saint John Board of Trade and, in consideration of this application being accepted, agrees to pay the annual dues in accordance with the fee schedule established by the Board annually, until resignation in writing has been accepted by the Directors as provided in the By-Laws of the Board.

Applicant's Signature: _____ Date: _____



Online application

contribute develop grow