

**Pinawa Chamber of Commerce
P.O. Box 544
Pinawa MB R0E 1L0**

APPLICATION FOR MEMBERSHIP

Company Name:			
Street Address:		Post Box	
City/Town:	Province	Post Code:	
Telephone:		FAX:	
Contact		Title:	
E-mail Address			
Website:			
Brief Company Description:			

Membership Fees

	Membership	\$50.00	
		Total:	

For Office Use only

Payment Method	Date Approved	Student	Non Voting	Voting