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Membership Application Privacy Act

References

Pursuant to the requirements of the Federal and Provincial Privacy Acts, it is required that you agree we may obtain and/or verify the particulars of your company financial information and business practices specific to those requested in the application and that the reference provided with whom you have business and financial dealings may be permitted to disclose such information to CHBA Northern BC

Publication

In submitting this application, you also affirm that the company information provided is accurate and consent to its use for such purposes of the promotion of membership, government liaising, public education, new products and services, internet information and networking (**banking and credit card information excepted**)

I, _____ of _____, agree to the foregoing.
Print Name of the Applicant Company

Signature of the Applicant

Date

Company Name: _____

Address: _____
Street Address City, Province Postal Code

Mailing Address: (if different than above): _____
Address

City, Province Postal Code

Association Company Representative: _____ Title: _____

Mailing Address (if different than above): _____
Address

City, Province Postal Code

Business Phone: _____ Fax: _____ Cell: _____ email: _____

MEMBERSHIP MAKES A DIFFERENCE