



MEMBERSHIP APPLICATION

PRIMARY CONTACT

NAME: _____ TITLE: _____

EMAIL: _____ CELL: _____

BUSINESS INFORMATION

COMPANY: _____ CORPORATE NIQ #: _____ EST. IN: _____

PHONE: _____ EMAIL: _____ FAX: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ COUNTRY: _____ POST CODE: _____

WEBSITE: _____ EMPLOYEE'S STRENGTH: _____ ANNUAL BUSINESS TURNOVER: _____

WWW _____ # _____ CAD: _____

INDUSTRY: _____ CORE PRODUCT SERVICE: _____

MEMBERSHIP CATEGORIES & FEE

TYPE	COST \$
CORPORATE / BUSINESS	500
INSTITUTIONAL (Government/ University/ College/ Non-Profit)	500
INDIVIDUAL	300
STUDENTS	150
NON-RESIDENT/OVERSEAS MEMBERSHIP	1000

PAYMENT METHOD

1. PLEASE INVOICE: "PCBC will send an email invoice you can pay by card."

2. BY CHEQUE: Payable to "Pakistan Canada Business Chamber."

APPLICANT SIGNATURES: _____ APPROVAL DATE: _____ APPROVED BY: _____

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