



LAMONT & DISTRICT
Chamber of Commerce Society
Box 119, Lamont, Alberta T0B 2R0

Membership Application

Company Name _____

(If no changes from existing membership, disregard next section)

Owner's First Name: (1) _____

Owner's Last Name: (1) _____

Owner's First Name: (2) _____

Owner's Last Name: (2) _____

Mailing Address: _____

Town: _____

Postal Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____

Email Address: _____

Name of individual that is eligible to vote:

Name of individual that is eligible to vote in the absence of above:

Application Type:

New membership Membership renewal Change of address

How many full time employees? _____

Membership fees Annual Registration \$125

(includes membership with the Alberta Chamber of Commerce)

Please make your cheque payable to Lamont and District Chamber of Commerce and mail to the above address along with this completed form for membership. Thank you.