



Victoria A.M. Association
 PO Box 1442, 189 Dallas Road
 Victoria, BC V8W 2X2
Phone: 381-1611 fax: 381-1602
Email: victoriaam@shaw.ca **Web:** www.victoriaam.com

Membership Application

Date: _____

Your annual membership fee is valid for 12 months from the date of application. The fee includes voting privileges, eligibility to serve on the Board of Directors, name tag(s), and email newsletters, your company listing with email link on our website and a reduced breakfast rate.

* Corporate	-	\$199.00	(Includes up to 3 company representatives)
* Individual	-	\$ 89.00	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Credit Card Number:	_____		Expires: _____
Name on Card:	_____		

Name: _____
 Company Name: _____

Contact Info: **I prefer to be contacted via:** **Mail** **Phone** **Email**
 Mailing Address: _____
 Email Address: _____
 Phone Number: _____

*For a **Corporate Application**, you are entitled to 3 representatives.*

Name(s): _____ / _____ / _____
 Phone: _____ / _____ / _____
 Fax: _____ / _____ / _____
 Cell / pager: _____ / _____ / _____
 Email: _____ / _____ / _____

Please check any committee(s) you may like to participate in:

- Communication fund raising meet & greet
- Membership speakers & venues tourism development