



CROSSFIELD CHAMBER OF COMMERCE MEMBERSHIP APPLICATION FORM

CONTACT INFORMATION

Company Name:

Contact Person:

Mailing Address:

City:

Province: **ALBERTA**

Postal Code:

Location:

Phone:

Cell:

Fax:

Home:

Email:

Website:

BUSINESS INFORMATION

Type of Business:

Secondary Business:

Main Product(s) or Service(s):

Reason for Joining:

What my company can offer the Chamber:

Company Profile for Website (75 words or less):

SEND APPLICATION TO: CROSSFIELD CHAMBER OF COMMERCE

Crossfield Chamber of Commerce

Box 1490
Crossfield, Alberta
T0M 0S0

Email: info@crossfieldchamber.org
Phone: 403-813-5133

www.crossfieldchamber.org