



Membership Application Form

Get Connected . . . Join Today!

BUSINESS / COMPANY NAME: _____

NAME OF OWNER / SUPERVISOR: _____

CONTACT PERSON: (if different from above) _____ **CONTACT EMAIL:** _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE: _____ **FAX #:** _____

EMAIL: _____ **WEBSITE:** _____

Business Classification: (short description of your business) _____

OF EMPLOYEES: _____ **YEAR BUSINESS STARTED:** _____

General Information

NOTICES AND MEMBER INFORMATION is shared with you through the following. Which ones appeal to you?

- Weekly E-Zine *NOTE: you will be automatically subscribed to the weekly E-zine upon registration*
- Facebook
- Twitter, and
- WeBA Website – www.weba.org

HOW DID YOU HEAR ABOUT WeBA?

- WeBA Member? (please name names) _____
- WeBA Event?
- Facebook?
- Twitter?

Payment Information

YEARLY MEMBERSHIP FEE: \$ 275.00 + GST (GST # 12227 5894)

VISA **MASTER CARD** **CREDIT CARD NUMBER** _____ / _____ / _____ / _____

CHEQUE **EXPIRY DATE** _____ / 20____

AUTHORIZING SIGNATURE _____

