



**St. Catharines  
Business Club**

# Membership APPLICATION

Date: \_\_\_\_\_ Classification: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Residence Fax/E-mail: \_\_\_\_\_

Sponsored By: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconded By: \_\_\_\_\_ Signature: \_\_\_\_\_

Alternative Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Has the applicant been instructed about club policies by the sponsor?  YES  NO

How long has your company been in business? \_\_\_\_\_

How long have you been with your company? \_\_\_\_\_

Have you or your company ever been a member of the St. Catharines Business Club?  YES  NO

Are you associated with any other business club?  YES  NO

List products and / or services performed: \_\_\_\_\_

I certify that the above is true and complete and I will provide confirmation if required. You may use any source for information related to this application and each source is authorized to provide you with this confidential information. If requested, you are authorized to provide credit information to other credit grantors, consumer reporting agencies and credit bureaus.

Applicants Signature: \_\_\_\_\_ Executive's Signature: \_\_\_\_\_

**Note: An Application Fee of \$25 must accompany this form.**