



## Baffin Regional Chamber of Commerce

Building 987-C • PO Box 59 • Iqaluit, Nunavut • X0A 0H0  
Phone (867) 979-4654 • Fax (867) 979-2929  
www.baffinchamber.ca

### Membership Application

#### Corporate Information

Company Name

Doing Business As

Address

City

Province/Territory

Postal Code

Phone

Fax

Email

Website

Social Media

#### Business Type

Select all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Arts/Cultural/Entertainment | <input type="checkbox"/> Construction/Building Supplies    |
| <input type="checkbox"/> Finance/Insurance           | <input type="checkbox"/> Fisheries/Ocean Technology        |
| <input type="checkbox"/> Mining/Oil & Gas            | <input type="checkbox"/> Tourism/Hospitality               |
| <input type="checkbox"/> Retail                      | <input type="checkbox"/> Government Department/Institution |
| <input type="checkbox"/> Professional Services       | <input type="checkbox"/> Non-Governmental Organization     |
| <input type="checkbox"/> Transportation              | <input type="checkbox"/> Other: _____                      |

Business Profile (25-30 words)



## Baffin Regional Chamber of Commerce

Building 987-C • PO Box 59 • Iqaluit, Nunavut • X0A 0H0  
Phone (867) 979-4654 • Fax (867) 979-2929  
www.baffinchamber.ca

### Primary Contact (emails included in this section will be added to our email list)

Name	Title
Phone	Email
Additional Contacts	

- ☐ I agree to BRCC sharing my contact information with chamber benefit partners
- ☐ I agree to BRCC sharing my contact information on the BRCC website
- ☐ I am an Iqaluit-based business and I am interested in also being involved with the Iqaluit Chamber of Commerce
- ☐ I am a Qikiqtani community based business

### Payment Information

#### Membership Dues

- ☐ 1-3 employees: \$31.25
- ☐ 4-10 employees: \$93.75
- ☐ +11 employees: \$187.50

### Payment Method

#### Paid to the Baffin Regional Chamber of Commerce

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Credit Card      |
| <input type="checkbox"/> Cash    | <input type="checkbox"/> Visa             |
| <input type="checkbox"/> Cheque  | <input type="checkbox"/> MasterCard       |
|                                  | <input type="checkbox"/> American Express |

### For BRCC Use Only

- ☐ Invoiced
- ☐ Paid

Year received:

Card number	CVV
Expiration date	
Name on card	
Signature	