

**\* Business Information** (to be displayed online)

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_, City: \_\_\_\_\_, Province: \_\_\_\_\_, Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_, Fax: \_\_\_\_\_, Email: \_\_\_\_\_  
 Website: \_\_\_\_\_, Business Category: \_\_\_\_\_

**Business Structure:**  Corporation  Sole-Proprietorship  Partnership

**\* Main Contact Information**

Prefix: \_\_\_\_\_, First Name \_\_\_\_\_, Last Name: \_\_\_\_\_, Title: \_\_\_\_\_  
 Address: \_\_\_\_\_, City: \_\_\_\_\_, Province: \_\_\_\_\_, Postal Code: \_\_\_\_\_  
 Ph: \_\_\_\_\_, Mobile: \_\_\_\_\_, Email: \_\_\_\_\_

**Contact Preference:**  Mobile  Bus Phone  Bus Email  Personal Email

**Business Social Media:**

Facebook: \_\_\_\_\_, LinkedIn: \_\_\_\_\_  
 Twitter: \_\_\_\_\_, YouTube: \_\_\_\_\_

All Members are encouraged to participate in events and activities of the Indo Canadian Business Association of British Columbia (the "ICBABC") whenever possible.

**Please indicate your interest:**

Annual Students Awards  Membership  Marketing  Networking  Public Relation  Seminars  Summer Family Picnic

**Membership Fee** (fee is non-refundable): **\$50.00**

**Cheque** is payable to "Indo Canadian Business Association of BC" or to the "ICBABC". **Credit Card** payment please visit [www.icbabc.com/membership](http://www.icbabc.com/membership) to complete your application. All memberships are subject to approval by the ICBABC Board of Directors. Your member account will become active once your payment is processed.

Membership with the Indo Canadian Business Association of British Columbia (the "ICBABC") is based on payment of the annual fee for each annual period expiring 365 days after the initial payment date and any subsequent renewal date. All members agree to follow 'Best Business Practices' to the best of their ability.

I grant the ICBABC permission by checking this box, to keep and use any contact information including contact names, business names, address, telephone number, fax number, email address, and website URL in connection with my membership and for communications from the ICBABC to its members and partners, until I revoke such consent in writing. I acknowledge my obligation to update my contact information and credit and billing information with the ICBABC within 30 days of such change.

New Member Signature: \_\_\_\_\_, Date: \_\_\_\_\_