



S T . C A T H A R I N E S
BUSINESSCLUB

Membership Application

Date: _____ Classification: _____

Company Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Fax: _____ E-mail: _____

Members Name: _____

Sponsored by: _____ Signature: _____

Seconded by: _____ Signature: _____

Alternative Representative: _____

Have you been instructed about club policies by the sponsor? _____

How long has your company been established: _____

Have you ever been a member of the St. Catharines Business Club? _____

Are you associated with any other business club? _____

List products/services performed: _____

Please provide three (3) trade references: _____

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 his application and each source is authorized to provide you with is 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.