2022 Tourism Squamish Membership Application

Business Name:		
Primary Contact:	_ Title:	
First Name:	Last Name:	
Email:	Phone:	
Address:		
Additional Contacts:		
1. First Name:	Last Name:	
Email:		
2. First Name:	Last Name:	
Email:		
3. First Name:	Last Name:	
Email:		
 Membership Category Year-round Business Society Government Agency Seasonal Operator Event Non-Profit Individual Membership Level Full Member O Established visitor-ready tourism business O Located within our jurisdiction (Britannia Beach to O Signed declaration below: 		Please return completed form to Heather Kawaguchi: heather@tourismsquamish.com
I certify that and federal regulations and bylaws and has obtained, and tenure to operate legally in the Province of British Columbia Signature:	kept up to date, the requain the Squamish area.	ne) is in compliance with all municipal, provincial uired permit(s), license(s), insurance and / or
Printed Name:	Date:	
 Associate Member A business, organization, association, society or ind Located within our jurisdiction (Britannia Beach to 	lividual wanting to supp	

Non-voting Member

O A business, organization, association, society or individual wanting to support or be associated with Tourism Squamish

O Located outside of our jurisdiction (Britannia Beach to Callaghan Valley)