



MEMBERSHIP APPLICATION

Name of Business _____

Address _____

City _____ Postal Code _____

Limited Company Proprietorship Partnership Association

Owned/Operated by _____

Key Contact Person _____

Phone Number _____ Fax Number _____

Email Address _____

Website _____

- Applying as a Full Member - Business located within Thames Centre
- Applying as an Affiliate Member - Business located outside Thames Centre

Tell us about your business. This information will appear in the info section of your business listing on the thamescentrebusiness.com website.

Membership Cost: \$100.00 Received: _____