



CHAPITRE  
QUÉBEC  
CHAPTER

# YOUNG PROFESSIONALS STUDENTS

## MEMBERSHIP APPLICATION FORM

### APPLICATION FORM

|  |                                  |                        |
|--|----------------------------------|------------------------|
| Date of Application (mm/dd/yyyy)           | Applicant name: Mr. / Ms. / Mrs. |                        |
| Phone                                      | Email                            |                        |
| Address                                    |                                  |                        |
| City                                       |                                  | Postal Code / Zip Code |
| Mailing Address: (if different from above) |                                  |                        |
| City                                       | Province / State                 | Postal Code / Zip Code |

### MEMBERSHIP

| <b>Special price valid for 1 year</b><br><br>* Special price during Covid-19 time. Regular price is \$175 | Pricing                 | Granted      |
|---|-------------------------|--------------|
|   | <b>\$40 CAD + taxes</b> | 1 membership |

All incoming applicants will be reviewed by the AmCham Québec Membership committee and approved applications must be ratified by the Board of Directors.

The American Chamber of Commerce in Canada is a premium business focused organization. As such we hope to have a high level of input and attendance from owners, directors, senior managers, key government officials and valued stakeholders in each member organization.

To gain an understanding of applicants and members of AmCham Quebec, we are requesting that our accompanying questionnaire be completed.

By applying to AmCham Quebec you agree to receive our electronic notifications and reminders of various events and activities.

### APPLICATION SUBMISSION TO INCLUDE

|   |
|---|
| <input type="checkbox"/> A business-style headshot for each listed executive member in electronic format (optional) |
|---|



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## INDIVIDUAL

### MEMBERSHIP APPLICATION FORM

#### PAYMENT SUBMISSION

- ☐ Credit Card payment upon invoice receipt
- ☐ Cheque is attached. **Payable to: AmCham Quebec**

Return this application along with your payment by mail:

AmCham Quebec  
C/O Lucie Nolette  
138, rue Lacoste  
Shefford, QC J2M 1V8

**By email:** [Inolette@amchamquebec.com](mailto:Inolette@amchamquebec.com)

Note: A cheque must be submitted with application, and will be returned if application is not accepted.

*"I consent to the collection, use and disclosure of any personal information relating to my membership for the purposes of updating the AmCham records and websites"*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_