

602 - 620 View Street, Victoria, BC V8W 1J6 250-920-0688 Toll Free: 1-855-388-4762 businessmembers@visoa.bc.ca visoa.bc.ca | Facebook | Twitter

# APPLICATION FOR A NEW BUSINESS MEMBERSHIP

1.	Business Information:			
	Legal Name of Business:		_	
	Other Business Name (if applicable)	:		
	Address:		_	
	City:		Postal Code:	
	Phone:	Fax:		
	Email:	Website:		
	Facebook:	Twitter:		
	Type of Business			
	Business's Contact Name:			
	Position / Title:			
2.	Business Liability Insurance: _ist and provide evidence of your liability insurance consistent with the standards of your trade o ndustry. Please provide the following:			
	Carrier:			
	Type of Insurance:			
	Policy Number:		Expiry Date:	
	Amount of Coverage:			
3.	Licenses: List and provide a copy of any Government or Industry related licenses that are require maintain a legal business practice.			

### 4. Other Memberships:

If applicable, list any affiliation or memberships with any business or professional associations.

### 5. Other Information:

Please offer any further information in support of this business membership application with VISOA.

# 6. Business Membership Agreement:

The required annual fee for a business member currently is **\$250**. For ease of application please enclose a **check payable to** <u>Vancouver Island Strata Owners Association</u>. (VISOA will not deposit your check until the application has been approved.)

If you prefer to pay using your credit card, you may do so on our website at <u>https://www.visoa.bc.ca/?page\_id=2962</u>. Don't forget to send this application form to VISOA by either email or postal mail.

# 7. Authorization Signature:

The undersigned hereby requests a business membership with VISOA and authorizes VISOA to obtain or verify disclosed information if necessary in connection with this application.

Please note that the VISOA Board of Directors retains the right to refuse business membership applicants and/or to terminate business memberships if the business is deemed not appropriate to the membership as outlined in the bylaws.

I agree to the above and declare that there are no outstanding claims or charges against my corporation at this time.

Signed at	, B.C. this	day of	20
Authorized Signature:			
FOR OFFICE USE ONLY: Payment Received: Approval Date: First Bulletin Date: Date Posted on Website::			