Armenia – Canada Chamber of Commerce

Application form for individuals

(Professionals, retired persons and students)

	to join the Arm	ienia-Canada	Cnambe	r of Commerce.		
1. Personal Information	1					
Name:						
Salutation:	Mr.	Mrs.	Ms.	Dr.	Prof.	
Birthday:	(mm/dd/yyyy)					
Citizenship:						
Address:						
City	Province Postal Code					
Telephone ()		Fax ()			
Website: http://www			,			
E						
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2 Catanamii						
2. Category:						
<u>Professional</u>	Retired	d	Studer	<u>nt</u>		
3. Areas of Interest:						
Agriculture	Energy		1	Investment		
Arts		/ Banking		IT		
Canada-Armenia Relations	Health	/ Bariking		Natural Resources		
Construction		esources / Lah	our	Privacy		
Culture		Human Resources / Labour Immigration Policy		Real Estate		
Economic Policy		al Property Pro	otection	Science and Technology		
Education / Skills		onal Affairs		Taxation Policy		
Electronic Commerce		International Trade		Telecommunications		
Invironment	Internet			Transportation		
Other areas of interes	t:					
4. Present or previous j	ob information:					
Name of Company			Title			
ivanie of Company			TILLE			
Address						
City		nce		Postal Code		
Telephone ()		Fax ()			
F-mail:						

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Students information:	:					
Name of educational in	nstitution					
Faculty:						
Speciality:						
Degree:						
Address						
City	Province	Province Postal Code				
Telephone ()						
E-mail:		•	•			
6. Area of expertise:						
Agriculture	Energy		Oil and Gas	Oil and Gas		
Arts	Finance / Insuran	ce	Real Estate			
Business Services (incl. Law)		Food / Beverage				
Communication	Health / Social Se	Health / Social Services				
Computer / Software	High Technology	High Technology		chnology		
Construction		Logging / Forestry		Transportation / Storage		
Education		Manufacturing		Wholesale Trade		
Environment	Investment					
Other:				_		
7. Membership Investme	ent:					
Annual Investment:						
Taxes for Prov	ince of Quebec					
Taxes for the rest of Canada						
Taxes for international companies						
Total:						
Bill me Cheque attach	ied Visa	MC	Amex Dine	er's Club		
Credit Card No.	Credit Card No.			Expiry Date:		
Name/Title	Name/Title Telephone ()					
Cardholder's Signature	9					

Armenia — Canada Chamber of Commerce

8. I would like more information on:

Armenia-Canada Chamber of Commerce
Membership Benefits
Advertising Opportunities
ACCC's Event Sponsorship Opportunities
International Business Leaders Round Tables
Products and Services
Access Codes to the ACCC's Website

Access Codes to the ACCC's Website Specialized Publications

Signature:	Date:	(mm/dd/yyy)

Any personal information provided on the attached form will be used by Armenia-Canada Chamber of Commerce, as set out in our Privacy Policy, to conduct the transaction indicated on this form. Please consult our Privacy Policy, available on-line at www.armcanchamber.com or contact e-mail us at privacy@armcanchamber.com

Thank you for filling out this form.

Please send it to our office:

You can fill it out on-line and send to: application@armcanchamber.com; or

Mail to: 1410 Stanley St., Suite 415, Montreal, QC, H3A1P8, Canada; or

Fax to: +1 514 4991630.

If you have any questions regarding this form please do not hesitate to contact us at +1 514-4991686.

Our web-site: www.armcanchamber.com