

Armenia – Canada Chamber of Commerce

Application form for individuals

(Professionals, retired persons and students)

I would like to join the Armenia-Canada Chamber of Commerce.

1. Personal Information

Name: _____
Salutation: Mr. Mrs. Ms. Dr. Prof. _____
Birthday: _____ (mm/dd/yyyy) _____
Citizenship: _____
Address: _____
City _____ Province _____ Postal Code _____
Telephone () _____ Fax () _____
Website: <http://www.> _____
E-mail: _____
Preference of correspondence: English French

2. Category:

Professional Retired Student _____

3. Areas of Interest:

Agriculture	Energy	Investment
Arts	Financing / Banking	IT
Canada-Armenia Relations	Health	Natural Resources
Construction	Human Resources / Labour	Privacy
Culture	Immigration Policy	Real Estate
Economic Policy	Intellectual Property Protection	Science and Technology
Education / Skills	International Affairs	Taxation Policy
Electronic Commerce	International Trade	Telecommunications
Environment	Internet	Transportation

Other areas of interest: _____

4. Present or previous job information:

Name of Company _____ Title _____
Address _____
City _____ Province _____ Postal Code _____
Telephone () _____ Fax () _____
E-mail: _____

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5. Students information:

Name of educational institution _____
Faculty: _____
Speciality: _____
Degree: _____
Address _____
City _____ Province _____ Postal Code _____
Telephone () _____ Fax () _____
E-mail: _____

6. Area of expertise:

Agriculture	Energy	Oil and Gas
Arts	Finance / Insurance	Real Estate
Business Services (incl. Law)	Food / Beverage	Resource Based
Communication	Health / Social Services	Retail Trade
Computer / Software	High Technology	Science and Technology
Construction	Logging / Forestry	Transportation / Storage
Education	Manufacturing	Wholesale Trade
Environment	Investment	

Other: _____

7. Membership Investment:

Annual Investment: _____

Taxes for Province of Quebec _____
Taxes for the rest of Canada _____
Taxes for international companies _____
Total: _____

Bill me Cheque attached Visa MC Amex Diner's Club

Credit Card No. _____ Expiry Date: _____
Name/Title _____ Telephone () _____
Cardholder's Signature _____

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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
- Specialized Publications

Signature : _____ Date: _____ (mm/dd/yyyy)

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