

MEMBERSHIP APPLICATION

Pick one of the following Premium Business Member Associate Member

PRIMARY CONTACT INFORMATION

Prefix _____ First Name _____

Last Name _____

Title _____

Company Name _____

Alternate Business Name _____

Date Founded _____ Number Of Locations _____

NAICS/Business Type _____

Address _____

City _____ Province _____ Postal Code _____

Country _____

Work Phone _____ Ext _____

Work Fax _____ Ext _____

Email Address _____

Website _____

How I heard about Shelfspace _____

Areas of Interest Committees Costsaver Programs Events Retail Information
 Policy Training

I am interested in the following Costsaving programs

Merchant services rates Dental and medical benefits Store insurance Courier costs
 Office supplies Giftcard program Websites Gasoline
 Long distance phone rates Phones and rates Home TV, Internet and phone rates
 Travel rates Hotel rates Vehicle rentals Membership and program rates

As part of your Premium Business Membership, your key staff people are invited to take advantage of Personal Shelfspace Memberships at no additional cost. To add your staff as "Personal Members", please fill out page 2 of this form.

Do Not publish Info in the Member Directory

PAYMENT INFORMATION

Fees* add 12% HST for BC/Ont.; other provinces add 5% GST

Premium Business Member \$300 + \$50 per location **Associate Member** \$350

Method of Payment Cheque Visa MasterCard AMEX

Cheque # _____

Credit Card # _____

Name on Card _____

Expiry Date _____ GST #: R107889857

FOR OFFICE USE ONLY

Member# _____

Rep _____

Start Date _____

Notes _____

Member Agreement

If you are not completely satisfied with your new membership during the first 3 months, Shelfspace will refund your full annual fee. Shelfspace will not provide a refund for any unused portion of your membership should you choose to cancel after this time for any reason. Membership dues are invoiced on an annual basis and are due within 30 days. Shelfspace membership is company-owned and fully transferable should you sell your business. Members agree to pay for products and services they may use through Shelfspace in a timely manner. Shelfspace does not have access to your monthly merchant statements; it is therefore your responsibility to ensure you are receiving the proper discount rates. Please notify us immediately if there are any discrepancies. I acknowledge that Shelfspace shall preserve confidentiality with respect to all information relating to its members that comes to its knowledge and shall not communicate any information to any other person except information in connection with the registration of members with approved suppliers, or as deemed necessary and appropriate by Shelfspace to allow direct communication to members by the association.

PERSONAL MEMBERSHIP APPLICATION FOR KEY STAFF

* If more than 3 key staff, please contact Shelfspace directly.

PRIMARY CONTACT INFORMATION

First Name _____ Last Name _____

Title/Role _____

Address (if different from main contact address) _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email Address _____

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I am interested in the following Costsaver programs

- | | | | |
|--|---|--|---|
| <input type="radio"/> Gasoline | <input type="radio"/> Long distance phone rates | <input type="radio"/> Phones and rates | <input type="radio"/> Home TV, Internet and phone rates |
| <input type="radio"/> Travel rates | <input type="radio"/> Hotel rates | <input type="radio"/> Vehicle rentals | |
| <input type="radio"/> Membership and program rates | | | |

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| <input type="radio"/> Membership and program rates | | | |