



Canadian Herbalist's Association of BC

c/o Innisfree Farm
3636 Trent Road
Courtenay, BC V9N 9R4

www.chaofbc.ca

Company: _____

Contact Person: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____ **Website:** _____

Is this a Canadian base company: Yes _____ No _____ **If not, what country:** _____

Corporate Sponsorship	Unit Price	Amount
New Corporate Sponsorship	\$150.00	\$150.00
One time administration fee (non-refundable)	\$5.00	\$5.00
If submitting the application by email (payment via PayPal) – \$5.00 discount	- \$5.00	
(*) Please add a promotional web-page to my membership	\$100.00	
(*) Please add to my membership the option to post my events or announcements on the CHA of BC newsletter and/or website.	\$100.00	
Please accept my donation: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____		
<input type="checkbox"/> to help support our CCHA representatives		
<input type="checkbox"/> to help support our CHA of BC website maintenance & enhancements		
<input type="checkbox"/> to be used by the CHA of BC where it is best needed		
	Subtotal	
	HST	0
	TOTAL	

(*) refer to advertisement guidelines and term & conditions posted on the website.

Notes:

- Please visit the CHA of BC website for Corporate Sponsorship requirements and benefits.
- The **Corporate Membership** includes the display of a company banner/logo on the Association's website. The association will contact the contact person to submit necessary information and images.

Submitting application & payment:

By regular mail: mail application with your cheque or money order payable to CHA of BC to address shown on the top. If you would like to pay via PayPal, please indicate the email address to which the PayPal invoice should be emailed to: _____

By email: receive \$5.00 discount; email the full application application@chaofbc.ca. Please indicate the email address to which the PayPal invoice should be emailed to: _____

Note: for membership questions or inquiries, please use membership@chaofbc.ca (not application@chaofbc.ca)

Please indicate the activities your organization is involved with:

Education: _____

Manufacture: _____

Supplier: _____

Retail Store: _____

Farming: _____

Others (specified): _____

I confirm that the information in this form is correct _____
Applicant's Signature Date