WISE NL Corporate Membership Form

Contact Information

Company Name _____

Company Website: _____

Primary Contact: _____

Mailing Address: _____

Email: _____ Phone: _____

Suggest a speaker for the WISE-NL Speaker Series from your company (optional): _____

❑Yes ❑No Our organization, and by extension those named below, understand and support the objectives of WISE NL.

❑Yes ❑No In accordance with the Canadian Ant-Spam Legislation (CASL), the following individuals grant permission to include their email address in the WISE NL email distribution list.

Designated Members

Name 1

Email 1 Phone 1 (optional)

Name 2

Email 2 Phone 2 (optional)

Name 3

Email 3 Phone 3 (optional)

Name 4

Email 4 Phone 4 (optional)

Name 5

Email 5 Phone 5 (optional)

Fees and Submission

The Corporate Member rate is $300 per year due not later than December 31. Fees received between September 1 and December 31 shall be credited to the following year, whereas fees received between January 1 and August 31 shall be credited to the current year.

When completed, return this form and payment to:

Membership WISE NL
PO Box 23176, Churchill Square
St. John's, NL, Canada A1B 4J9

For further questions please contact the Director of Membership at Membership@wisenl.ca.

FOR OFFICIAL WISE NL USE ONLY

Payment Amount: _____ Date Received: _____ Membership List Updated: _____

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