



Tansi Friendship Centre Society
Box 418
Chetwynd, BC V0C 1J0
Phone (250) 788-2996 Fax (250) 788-2353
admin@tansifcs.com

BUSINESS MEMBERSHIP APPLICATION FORM

Business Name: _____

Primary Contact(s): _____

Physical Address: _____

Mailing Address: _____

Phone: _____ **Cell:** _____

Fax: _____ **Email:** _____

Are you willing to volunteer? Yes: _____ **No:** _____

I give my permission for the following individuals from my business to be photographed at Tansi Friendship Centre events:

I understand these photos may be used for promotional purposes only, to advertise Tansi programs and the Centre.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Expiration Date: _____ **Amount Paid:** _____ **Staff Initial** _____