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BATTLEFORDS TOURISM & CONVENTION ASSOCIATION INC. PARTNERSHIP APPLICATION

BUSINESS NAME: _____

CONTACT NAME: _____ POSITION: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

WEBSITE: _____

TYPE OF BUSINESS: _____

DESCRIPTION OF SERVICES: _____

BUSINESS ORGANIZATION CATEGORIES - PLEASE CHECK APPLICABLE CATEGORIES	
<input type="checkbox"/>	HOTEL/MOTEL ACCOMMODATION & NUMBER OF ROOMS
<input type="checkbox"/>	BED & BREAKFAST
<input type="checkbox"/>	RESTAURANT/CATERER
<input type="checkbox"/>	ENTERTAINMENT/ATTRACTION
<input type="checkbox"/>	GOLF COURSE
<input type="checkbox"/>	REAL ESTATE
<input type="checkbox"/>	TRAVEL SERVICES
<input type="checkbox"/>	BANK/RETAIL
<input type="checkbox"/>	MEDIA
<input type="checkbox"/>	INSTITUTION/ASSOCIATION
<input type="checkbox"/>	NOT FOR PROFIT
<input type="checkbox"/>	OTHER (PLEASE SPECIFY)

Application is hereby made for business partnership with Battlefords Tourism & Convention Association Inc., with the agreement to pay a fee of: \$ _____ plus 5% GST. (GST # _____)

The undersigned agrees with the objectives endorsed by Battlefords Tourism & Convention Association Inc. and will endeavour to be a contributing member.

Please Print Name: _____

Signature: _____ Date: _____

Upon completing this application for membership, you agree to allow Battlefords Tourism & Convention Association Inc. to maintain a database containing the above information for the purposes of distribution of monthly newsletters and correspondence, responding to e-mailed questions and concerns, delivering notices of meetings and events, and inclusion of your business in the Tourism website. This information is not for resale to any third party.