



**CHAMBER OF COMMERCE PARTNERSHIP APPLICATION
GENERAL INFORMATION**

2020

Chambre of Commerce name: _____

Address: _____

City / Prov.: _____

Postal Code: _____

Website: _____

Number of members as businesses: _____

General Manager name: _____

Tel.: _____ Email : _____

Main contact for the program: _____

Tel.: _____ Email : _____

Emails for the **reports**:

Please send back this form to daniel@flagshipcompany.com