

CORPORATE PARTNER MEMBERSHIP FORM

Company Name: _____

Street: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Primary Contact: _____ Email: _____ Phone: _____

Secondary Contact: _____ Email: _____ Phone: _____

Financial/Billing Contact: _____ Email: _____ Phone: _____

Date of Application: _____ (MM/DD/YYYY) New Member

Membership Level

- | | | | |
|---|----------|---|---------|
| <input type="checkbox"/> Atlantic Chair's Circle | \$20,000 | <input type="checkbox"/> Atlantic Business ⁺ | \$1,000 |
| <input type="checkbox"/> Atlantic CEO's Circle | \$10,000 | | |
| <input type="checkbox"/> Atlantic Premium Partner | \$5,000 | <input type="checkbox"/> Atlantic Access YP & Entrepreneur (2019) | \$350 |
| <input type="checkbox"/> Atlantic Growth Partner | \$2,500 | <input type="checkbox"/> Atlantic Youth & Future-Preneurs (2019-2020) | \$100 |

Additional Information

Company

Description: _____

Website Address: _____

Twitter Address: _____ FaceBook Address: _____

Method of Payment

-
- Invoice
-
- Visa
-
- MasterCard

Visa / Mastercard Number: _____ Expiry Date: _____ (MM/DD/YYYY)

Name on Card (Print): _____ Signature: _____