



Membership Application

Applicant:		Date:	
Title:		Phone:	
Business Name:		Fax:	
Street Address:		Home Phone:	
City Prov Postal:			
Website:			
Email Address:			
Category:			
Products and services:			
Experience:			
Business Reference:		Phone:	
Business Reference:		Phone:	
Business Reference:		Phone:	
Sponsoring Member:			
Questions for us?			

Please print and complete this form. You may deliver your application to Walter Georgijev at a meeting or by scanning and emailing it to walter@wvg.on.ca or by faxing it to 519-472-0037. Thank You