

NWTAC SUPPORTIVE MEMBERSHIP



Company Name: _____

Mailing Address: _____

Telephone No: _____

Fax No. _____

Email Address 1: _____

Email Address 2: _____

Website: _____

Add link to NWTAC Website? Yes No

Contact Name: _____

Type of Business: _____

Signature: _____

Date: _____

Supportive Membership Dues:

Commercial Business/Organization: \$500.00 per year

Non-Profit Organization: \$250.00 per year

Payment Information (Please make cheque payable to **NWT Association of Communities**)

Total Amount: _____ Pay by (please check one): Yes (cheque enclosed) / No

*If you require an invoice, please supply us with a P.O.#

Name: _____

Signature: _____

Date: _____

mm / dd / year

For further information, please contact the Association's Office

Telephone: (867) 873-8359 • Fax: (867) 873-3042 • Email: yvonne@nwtac.com

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