



Application for Membership

Membership year: September 1, 2011 to August 31, 2012

Business Information	
First License Name: _____	License # _____
Contact Person: _____	Position: _____
Phone: _____	Fax: _____ Other: _____
Address: _____	PO Box: _____ City: _____
Postal Code: _____	Email: _____
Mailing Address (if different): _____	
Please tell us approximately how many you employ at this location: _____	

Head Office (if different from first license)
Mailing Address (if applicable): _____
Contact Person: _____ Phone: _____ Fax: _____
Company Name: _____ Email: _____
Please tell us approximately how many you employ at this location: _____

Membership Fees	
First License (\$630 + HST)	\$705.60 x 1 = \$705.60
Additional License(s)* (\$350 + HST)	\$392 x = \$
<input type="checkbox"/> Quarterly Payment Option Please check this box if you would like your membership fee divided into 4 equal payments. We will contact you with the details.	TOTAL \$
*After paying for your first license, additional licenses can join for \$350. Please see next page...	
HST # 86207 1305 RP0001	

Payment Information	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cheque	(Please make Cheques payable to: Alliance of Beverage Licensees)
Credit Card Number _____	Expiry Date _____ / _____
Name on Card _____	Signature _____
Send receipt by: <input type="checkbox"/> Email <input type="checkbox"/> Fax	Please fax completed form to 604-688-8560

Please note applications for membership shall be promptly considered and the credentials ruled upon by the Board of Directors



Application for Membership

Membership year: September 1, 2011 to August 31, 2012

Pg 2 of 2

Additional Licenses

Additional licenses can join for only \$350—Please list your additional licenses here:

Second License Name: _____	License #
Contact Person: _____	Position: _____
Phone: _____	Fax: _____
Other: _____	
Address: _____	PO Box: _____
City: _____	
Postal Code: _____	Email: _____
Mailing Address (if different): _____	
<i>Please tell us approximately how many you employ at this location:</i>	

Third License Name: _____	License #
Contact Person: _____	Position: _____
Phone: _____	Fax: _____
Other: _____	
Address: _____	PO Box: _____
City: _____	
Postal Code: _____	Email: _____
Mailing Address (if different): _____	
<i>Please tell us approximately how many you employ at this location:</i>	

Fourth License Name: _____	License #
Contact Person: _____	Position: _____
Phone: _____	Fax: _____
Other: _____	
Address: _____	PO Box: _____
City: _____	
Postal Code: _____	Email: _____
Mailing Address (if different): _____	
<i>Please tell us approximately how many you employ at this location:</i>	

Please note applications for membership shall be promptly considered and the credentials ruled upon by the Board of Directors