



## 2018/2019 MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Products & Services Offered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify any special advertising text you wish to use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***PLEASE SEND ANY LOGOS, PICTURES, ETC. TO MEREDITH CHAPPELL IN JPEG OR TIF FORMAT TO:***

[info@lakediefenbakertourism.com](mailto:info@lakediefenbakertourism.com)

### MEMBERSHIP CATEGORY:

- BUSINESS:** \$ LDT TO FILL IN AMOUNT HERE
- INDIVIDUAL:** \$ LDT TO FILL IN AMOUNT HERE
- MUNICIPALITY:** \$1,000.00

***Please check all of the following that apply:***

- My business would offer Member to Member Discounts for other L.D.T. Members (Specify)

- \_\_\_\_\_  
 I would like to be involved on the Lake Diefenbaker Tourism Board
- I would like to be involved in Advocacy work with Lake Diefenbaker Tourism
- I would like to participate in Training Workshops hosted by Lake Diefenbaker Tourism
- I would like to participate in Networking opportunities hosted by Lake Diefenbaker Tourism

**\*\*Mail completed copy along with payment to P.O. Box 426 Outlook, SK S0L 2N0**