**Full Membership Definition:**

*Membership Number*

*(Office Use Only)*

“Full Member” means an Indigenous majority-owned business carrying on business in the Stó:lō Traditional Territory that is at least 51% Indigenous-owned or controlled, that meets the qualifications for Membership as set out in the Stó:lō Business Association (SBA ) Bylaws and has been approved as a Full Member by the Board of Directors.

**Membership Information:**

***(To start filling in your information, hit “F11”, then F11 to advance to next space***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Name |  | | | | |
| Business Address |  | | | | |
| Mailing Address *(If different from above)* |  | | | | |
| Telephone Number |  | Fax Number | |  | |
| Email |  | Website | |  | |
| Business Owners |  | | | | |
| Designated Representatives *(Each Stó:lō Business Association Full Membership entitles 2 Representatives for each business)* |  | |  | | |
|
| Ownership Structure | Indigenous% |  | Non-Indigenous % | |  |
| Business Description |  | | | | |

* **I declare that the above Business is 51% Indigenous-owned and majority controlled.**

**\_\_\_\_\_\_**

***Initial***

* **I declare that the above Business performs business transactions in Sólh Téméxw.**

**\_\_\_\_\_\_**

***Initial***

* **I authorize the SBA to send electronic communication such as business information, information regarding Membership, events etc.**

**\_\_\_\_\_\_**

***Initial***

* **I declare I have read, fully understand, and agree to adhere to the Stó:lō Business Association Code of Conduct.**

**\_\_\_\_\_\_**

***Initial***

The Undersigned is a duly authorized signing authority for the above entity, empowered to certify that the information provided is true and accurate.

Signed:­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_*Date\_\_\_\_\_\_\_\_\_\_\_\_*

Print Name: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| *For Office Use Only* | |
| Date of Application |  |
| Approved by: |  |
|  |
| Application Fee Due  $150 + GST |  |
| Method of Payment |  |