

Date of registration \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City

Province

Postal code

Preferred method of contact  phone  cell  email

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

Email \_\_\_\_\_  
(if available)

Have you been involved in a business mentorship program before

no  yes ► when \_\_\_\_\_ where \_\_\_\_\_

Are you a Chamber Member?

yes  no ► would you like to be contacted about membership  yes  no

What is your business background and industry experience?

What are your strengths and areas of expertise?

This registration will be kept on file until a suitable mentee is determined. You will be contacted at that time to begin the matching process.

**Collection and use of information**

Information collected in this form will be used to coordinate Mentorship Program and is protected according to the Freedom of Information and Protection of Privacy Act. If you have any questions please feel free to contact the phone number shown at the top of the form for further assistance.