



Band Member Business Directory Submission Form

Share your business and help us build the Band Member Business Directory!

1. Business Information

Business Name:

Year Established:

Owner(s):

2. Contact Information

Contact Person:

Email Address: _____ Phone Number: _____

Website / Social Media: _____

3. Business Description

Please provide a short description of your business, the services or products you provide, and any key details you'd like included in the directory:

4. Business Category (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Retail / Sales | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Construction / Trades | <input type="checkbox"/> Transportation / Logistics |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Technology / Digital Services |
| <input type="checkbox"/> Arts / Culture / Crafts | <input type="checkbox"/> Landowner (Leasor) |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Other: _____ |

5. Future Opportunities

- | | |
|--|--|
| <input type="checkbox"/> Partnership opportunities | <input type="checkbox"/> Marketing / Promotion Support |
| <input type="checkbox"/> Training & workshops | <input type="checkbox"/> Export / Trade Opportunities |
| <input type="checkbox"/> Procurement / Contracts | <input type="checkbox"/> Business Advisory Services |
| <input type="checkbox"/> Networking Events | <input type="checkbox"/> Joint Ventures |
| <input type="checkbox"/> Funding / Grant Opportunities | <input type="checkbox"/> Other: _____ |

6. Preferred Communication

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other: _____ |

Consent

- I consent to have my business information included in the PIB Band Member Business Directory and shared with the PIB community. I understand that if opportunities with external partners arise, I will be contacted first for permission before my information is shared.

Signature: _____ Date: _____

Submit completed forms to:

Logan Tait-Reaume, BA, CAPM
Economic Development Officer
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