



## Company Profile Form

*Please assist us in maintaining an updated member database by completing this form and returning it to the Victoria Crossing BRZ office.*

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website URL:** \_\_\_\_\_

**Would you like a link from our website ([www.vcrossing.com](http://www.vcrossing.com)) to yours?**    Yes    No

**Brief business description & catch line or slogan:** \_\_\_\_\_

**Which category do you wish to be listed under in the Victoria Crossing Business Directory? (please check only one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Health & Fitness                |
| <input type="checkbox"/> Advertising & Marketing         | <input type="checkbox"/> Insurance                       |
| <input type="checkbox"/> Architects & Engineering        | <input type="checkbox"/> Legal                           |
| <input type="checkbox"/> Automotive                      | <input type="checkbox"/> Night Clubs/Entertainment       |
| <input type="checkbox"/> Churches                        | <input type="checkbox"/> Photography                     |
| <input type="checkbox"/> Communications/Media            | <input type="checkbox"/> Printing & Business Services    |
| <input type="checkbox"/> Community Clubs                 | <input type="checkbox"/> Real Estate/Land Development    |
| <input type="checkbox"/> Computers/Internet/Software     | <input type="checkbox"/> Restaurants/Cafes/Hotels        |
| <input type="checkbox"/> Consulting                      | <input type="checkbox"/> Retail/Specialty Shops          |
| <input type="checkbox"/> Designers/Display               | <input type="checkbox"/> Security & Alarms               |
| <input type="checkbox"/> Energy, Oil & Gas               | <input type="checkbox"/> Services                        |
| <input type="checkbox"/> Grocery/Deli/Bakery             | <input type="checkbox"/> Social Service/Non-Profit Group |
| <input type="checkbox"/> Hair & Esthetics                | <input type="checkbox"/> Travel                          |

**Please let us know in what capacity you would like to be involved in the BRZ:**

- |  |   |
|--|---|
| <input type="checkbox"/> Board of Directors                      | <input type="checkbox"/> Urban Development & Planning Committee |
| <input type="checkbox"/> Marketing/Communications Committee      | <input type="checkbox"/> Informed Member                        |
| <input type="checkbox"/> Public Safety & Social Issues Committee |   |

\* Please note, committee members are not required to sit on the Board of Directors.

**Please return this form to:**

**Victoria Crossing BRZ**  
Suite 310, The Kahanoff Centre  
1202 Centre Street SE  
Calgary, Alberta T2G 5A5  
Fax: 398-1510