



Please complete and return with payment

MEMBERSHIP APPLICATION

Business Name: _____

Contact Name: _____

Street Address: _____ PO Box #: _____

Town/City: _____ Postal Code: _____ Phone: _____

Email: _____

Additional Email: _____

Please initial for consent to receive emails from Chamber members

Website: _____

Facebook: _____ Twitter: _____

Business Category: Advertising & Media / Agriculture / Automotive & Marine / Computers & Technology / Builders & Contractors / Community Services & Non-Profit / Finance & Insurance / Food Services / Government & Education / Health & Wellness / Legal / Accommodations / Manufacturing & Wholesale / Personal Services / Pets & Veterinary / Real Estate / Moving & Storage / Retail / Sports & Recreation

Number of Employees: Full Time _____ Part Time _____ Membership Fee: _____

Payments: Please Invoice Cheque MasterCard Visa

Credit Card #: _____ Expiry Date: _____

What would you like to see your Chamber focus on?

MEMBERSHIP FEES			
Fiscal Year for membership January 1 – December 31			
# of Employees	Fee	GST	Total Due
0 to 5 Employees	\$214.29	\$10.71	\$225.00
6 to 10 Employees	\$357.14	\$17.86	\$375.00
11 to 20 Employees	\$476.19	\$23.81	\$500.00
21 to 50 Employees	\$571.43	\$28.57	\$600.00
51+ Employees	\$666.67	\$33.33	\$700.00
Second Business	\$100.00	\$5.00	\$105.00
Farmer Membership	\$100.00	\$5.00	\$105.00
Associate Membership	\$100.00	\$5.00	\$105.00
NotforProfit / Home-Based	\$100.00	\$5.00	\$105.00

Please note that Part Time Employees count as ½ an employee for membership purposes.

Check if you would like to be contacted about the Chamber Group Insurance Program:

Signature: _____ Date: _____

Yearly memberships will automatically renew unless a written cancellation notice is received before January 31 of any given year.