



APPLICATION FOR MEMBERSHIP 2017

Business/Organization: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email*: _____

Website: _____ Facebook Page: _____

Physical Address: _____ Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Industry Category (please check one, additional categories can be assigned to your online listing):

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts & Entertainment | <input type="checkbox"/> Automotive | <input type="checkbox"/> Business & Professional Services |
| <input type="checkbox"/> Clothing & Accessories | <input type="checkbox"/> Community & Government | <input type="checkbox"/> Computers & Electronics |
| <input type="checkbox"/> Construction & Contractors | <input type="checkbox"/> Education | <input type="checkbox"/> Food & Dining |
| <input type="checkbox"/> Health & Medicine | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Industry & Agriculture |
| <input type="checkbox"/> Legal & Financial | <input type="checkbox"/> Media & Communications | <input type="checkbox"/> Personal Care & Services |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Shopping | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Travel & Transportation | <input type="checkbox"/> Individual | |

Brief Description of Business/Services (*can be updated through your online account*): _____

**Email address is required to activate online account & business profile. All new members will be given a generic login for first time access; existing accounts will retain prior login information.*

Existing Chamber Members: *In order to keep our records and website as current as possible we ask that you please fill out this membership application each year with your up to date information. Thank you for your cooperation and for your continued support of the High Level & District Chamber of Commerce.*



Number of Employees: _____

Payment Schedule (please check appropriate payment option):

	AMOUNT	GST	TOTAL AMOUNT
<input type="checkbox"/> 1-5 Employees	\$98.00	\$4.90	\$102.90
<input type="checkbox"/> 6-10 Employees	\$158.00	\$7.90	\$165.90
<input type="checkbox"/> 11-20 Employees	\$190.00	\$9.50	\$199.50
<input type="checkbox"/> 21-30 Employees	\$218.50	\$10.93	\$229.43
<input type="checkbox"/> 31-40 Employees	\$253.00	\$12.65	\$265.65
<input type="checkbox"/> 41+ Employees	\$379.50	\$18.98	\$398.48
<input type="checkbox"/> Individual Member	\$46.00	\$2.30	\$48.30
<input type="checkbox"/> Home Based Business (1 Employee)	\$46.00	\$2.30	\$48.30
<input type="checkbox"/> Non-Profit Organization	\$46.00	\$2.30	\$48.30
<input type="checkbox"/> Additional Business*	\$ _____	\$ _____	\$ _____

5% GST - GST# 107481152RT0001

**Companies owned by the same owner(s) may pay full rate for the largest company in the group and half price for all additional companies. However, all eligible entities must become members under these criteria.*

I hereby apply for membership in the High Level & District Chamber of Commerce and agree to be governed by the requirements of the by-laws and regulations of the High Level & District Chamber of Commerce.

Signature: _____ Date: _____

Please make all cheques payable to: High Level & District Chamber of Commerce
(Mailing address: 10803-96 Street, High Level AB T-H 1Z0)

OFFICE USE ONLY (Please fill in payments received by circling or checking appropriate boxes.)			
Cash / Debit: \$ _____	Cheque: \$ _____	VISA / MC: \$ _____	Invoice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received: _____	Receipt #: _____	Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Label: <input type="checkbox"/> Yes <input type="checkbox"/> No