

Would you prefer member updates by:	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Canada Post	<input type="checkbox"/> Not At All
Would you like your information posted on our website?	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Address	<input type="checkbox"/> Email <input type="checkbox"/> Website Link
Did you participate in last years Trade Show?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you like information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have Chamber Group Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you like information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you place an ad in last years Community Directory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you like information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you accept Chamber Gift Certificates at your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you like information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2015
2016

MEMBERSHIP
APPLICATION

Credible
Influential
Respected
Member
Driven



Please Complete
Reverse Side

Business Name: _____

Contact Person: _____

Mailing Address: _____

Physical Address: _____

Town: _____ Postal code: _____

Description of Business: _____
(Please Give a Detailed List of Description or Items)

Phone: _____ Fax: _____

Email: _____

Website: _____

Signature: _____ Date: _____

Membership Includes

- Website Presence with Business Info
- Marketing Opportunities/Digital Advertising
- 12 Value Added Benefits
- Group Insurance Benefits
- Presentation at all Levels of Government

July 1, 2015- June 30, 2016 Membership Rates

<input type="checkbox"/>	1-2 Employees	\$ 93.00
<input type="checkbox"/>	3-5 Employees	\$110.00
<input type="checkbox"/>	6-10 Employees	\$180.00
<input type="checkbox"/>	11-15 Employees	\$209.00
<input type="checkbox"/>	16-20 Employees	\$267.00
<input type="checkbox"/>	20+ Employees	\$382.00
<input type="checkbox"/>	Individual / Farmers	\$ 78.00
<input type="checkbox"/>	Society (non-profit)	\$ 78.00

Prices Include GST
Total Enclosed \$ _____

Multiple Businesses 50% of membership fee per additional business. For the purpose of decision-making you are entitled to one vote. Please indicate the name of the person who will act as the voting representative.

_____ / _____

Payment Enclosed: Cheque Visa MasterCard

Visa/ MasterCard #: _____ Name: _____

Exp: _____ / _____ Authorized Signature: _____

Telephone: 403-845-5450 Fax: 403-845-7764
Box 1374, 5406 48th Street (Highway 11) Rocky Mountain House, AB T4T 1B1
Email: admin@rockychamber.org Website: www.rockychamber.org

Invoice #: _____
Receipt #: _____
Date Paid : _____