



Mailing Address: Box 1117, Coaldale AB T1M 1M9

Street Address: 1401 20 Ave

Phone: 345-2358 Fax: 345-2339

E-mail: info@coaldalechamber.com Website: www.coaldalechamber.com

MEMBERSHIP

January 1st to December 31st, 2010

(Please Print Clearly)

Company: _____ Type of Business: _____

Contact Person: Mr. Dr. Mrs. Miss Ms. _____

Position/Title: _____ Mailing Address: _____

Town/City: _____ Postal Code: _____

Street Address: _____

(If different from mailing address.)

Phone #: _____ Fax #: _____

E-mail Address: _____

Website Address: _____

Directory Listing: Person's Name: _____ Phone #: _____

How Do You Want To Receive Chamber Notices: Email Fax Mail

FEES: (Please check appropriate boxes-- fees are GST exempt and pro-rated if you join mid-year)

Membership:

- | | | | |
|---|-----------------|--|-----------------|
| <input type="checkbox"/> Non-Profit | \$ 50.00 | <input type="checkbox"/> 1 Employee | \$ 80.00 |
| <input type="checkbox"/> 2 to 5 Employees | \$133.00 | <input type="checkbox"/> 6 to 10 Employees | \$186.00 |
| <input type="checkbox"/> 11+ Employees | \$250.00 | Number of employees: | _____ |

(For Members owning more than one business, cost is \$70.00 for the 2nd smaller business of the two.)

- | | | | |
|--|-----------------|---------------------------------------|-----------------|
| <input type="checkbox"/> Webpage Hosting | \$ 60.00 | <input type="checkbox"/> Website Link | \$ 15.00 |
|--|-----------------|---------------------------------------|-----------------|

AMOUNT ENCLOSED OR TO BE INVOICED: _____

Method of Payment:

- Chamber to invoice
 - Cheque/Money Order (payable to Coaldale & District Chamber of Commerce)
 - Visa MasterCard
- Card Number: _____ Expiry Date: _____
Name of Cardholder: _____ Signature: _____

Remember: If your company is a member, so are your employees.