



Mailing Address: Box 1117, Coaldale AB T1M 1M9

Street Address: 1401 20 Ave

Phone: 345-2358 Fax: 345-2339

E-mail: [info@coaldalechamber.com](mailto:info@coaldalechamber.com) Website: [www.coaldalechamber.com](http://www.coaldalechamber.com)

**MEMBERSHIP**

January 1<sup>st</sup> to December 31<sup>st</sup>, 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)

**Membership:**

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

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

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

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.***