



**High Level & District Chamber of Commerce
APPLICATION FOR MEMBERSHIP
2010**

Name of Company/Organization: _____

Mailing Address: _____

Postal Code: _____ Telephone #: _____ Fax #: _____

Designated Representative & Their Position: _____

Optional: E-Mail Address a/o Brief Description of Business (to be included in Chamber's web page to promote your Company): _____

Payment Schedule (5% G.S.T. # R107481152):

| | <u>Amount</u> | <u>G.S.T.</u> | <u>Total</u> |
|-------------------------|---------------|---------------|--------------|
| 1 – 5 Employees | \$98.00 | \$4.90 | \$102.90 |
| 6 - 10 Employees | \$158.00 | \$7.90 | \$165.90 |
| 11 - 20 Employees | \$190.00 | \$9.50 | \$199.50 |
| 21 - 30 Employees | \$218.50 | \$10.93 | \$229.43 |
| 31 - 40 Employees | \$253.00 | \$12.65 | \$265.65 |
| 41 + Employees | \$379.50 | \$18.98 | \$398.48 |
| Individual Membership | \$46.00 | \$2.30 | \$ 48.30 |
| Non-Profit Organization | \$46.00 | \$2.30 | \$ 48.30 |

Payment Enclosed: _____ Yes _____ No

For Your Convenience We Accept Visa and MasterCard – Please call for Authorization

Companies owned by the same owner(s) can 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 this 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.

Date: _____ Signature: _____