

# Membership Application Form

The Sundre and District Chamber of Commerce  
Box 1085 Sundre AB T0M 1X0



Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different)

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Membership Levels

<b>Individual and Non Profit Organizations</b>	<b>\$ 20.00 + GST</b>
<b>1 - 10 Employees</b>	<b>\$ 100.00 + GST</b>
<b>11-30 Employees</b>	<b>\$ 250.00 + GST</b>
<b>31+ Employees</b>	<b>\$ 550.00 + GST</b>

Number of Employees: \_\_\_\_\_

Amount due: \_\_\_\_\_

Payment enclosed

Send an invoice

Please reply promptly to assure your membership

Make cheques payable to The Sundre and District Chamber of Commerce.