



2018 MEMBERSHIP APPLICATION FORM

Return your completed form by mail to:

Kindersley Chamber of Commerce
Box 1537
903 11 Ave East
Kindersley, SK S0L 1S0
Phone: 306-463-2320 Fax: 306-463-2312
office@kindersleychamber.com

Please fill in all appropriate areas

Business Name: _____

Business Owner: _____

Business Anniversary: _____ **Contact Name:** _____

Position/Job Title: _____

Phone Number: _____ **Fax Number:** _____

Website: _____ **Email:** _____

Mailing Address: _____

Physical Address: _____

Membership Fee Structure Please check the Membership level you are choosing.

- | | |
|--|--|
| <input type="checkbox"/> Gold Membership
\$1500.00 + (\$75.00) GST = \$1575.00 | <input type="checkbox"/> 1-2 Employees - \$225.00 + (\$11.25) GST = \$236.25 |
| <input type="checkbox"/> Silver Membership
\$1000.00 + (\$50.00) GST = \$1050.00 | <input type="checkbox"/> 3-5 Employees - \$259.50 + (\$12.98) GST = \$272.48 |
| <input type="checkbox"/> Bronze Membership
\$500.00 + (\$25.00) GST = \$525.00 | <input type="checkbox"/> 6-19 Employees - \$300.00 + (\$15.00) GST = \$315.00 |
| | <input type="checkbox"/> 20+ Employees - \$350.00 + (\$17.50) GST = \$367.50 |
| | <input type="checkbox"/> Charitable Organization - \$125.00 + (\$6.25) GST = \$131.25 |
| | <input type="checkbox"/> Home-based Business - \$200.00 + (\$10.00) GST = \$210.00 |

*GST #107569279

I am paying my membership by: ___ Visa ___ MasterCard ___ Other Credit Card ___ Debit Card ___ Cheque#

**** PIPEDA:** Please fill out the PIPEDA portion if you would like to be listed on the website directory, newsletter or reader board. If you do not fill out the PIPEDA portion we cannot promote your company where available.

****Personal Information Protection and Electronic Documents Act****

I, _____ give the Kindersley Chamber of Commerce permission to refer to, and to list my business information as I have provided.

Signature: _____ **Date:** _____

Please fill out the following information:

I would like to receive the newsletter by:

_____ Email or _____ Fax

I would like more information on:

_____ Chamber Plan Benefits
_____ 1st Data, Money Saving Payment Processing

I would like to volunteer for:

_____ Board of Directors (Second Tuesday of every month)
_____ Trade show (June)
_____ Goose Festival (September)
_____ KBEX Awards (November)

Please provide a short description (50 words or less) of your business to help us promote your business. We reserve the right to modify your description to fit editorial constraints (PIPEDA must be signed for us to use this information).

Provide up to three keywords to describe your business (used on the website directory, PIPEDA must be filled out):

- 1) _____
- 2) _____
- 3) _____

Please Share any ideas or suggestions you have for the upcoming year:

Thank you, we value your ideas and comments. We will take them into consideration. We are glad to have you as part of our membership.

**You chamber membership is 100% tax deductible as an operating expense.
Membership renewals are due by January 31st of the current membership year.**

Member Level: _____ **Date Received:** _____ **Amount:** _____
Method: Visa _____ M/C _____ Other Credit (record type) _____ Debit _____ Chg. # _____
Website: _____ **Reader Board:** _____ **Business of the Month:** _____
Newsletter: _____ **Board:** _____ **Committee:** _____