

**Merritt & District
Chamber of Commerce**



*The collective voice of business
supporting responsible economic
growth and prosperity in the
Nicola Valley.*

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*Thank you to our
corporate sponsor*



MEMBERSHIP APPLICATION FORM

I hereby apply for membership in the Merritt & District Chamber of Commerce. I understand and agree that this membership contract will remain in effect until I decide not to renew and give 10 days advance notice in writing, and that my annual membership is due and payable on or before the anniversary date. I understand that business memberships attach to the company named here, and not to any individual, and are not transferable. Fees are payable annually for a period of one calendar year, and are not refundable.

MEMBERSHIP ANNIVERSARY DATE: January 1, 2010

BUSINESS NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

OWNER/MANAGER: _____

VOTING REP: _____

BUSINESS CLASSIFICATION: How your business is to be listed in the Chamber's Member Business Listing – maximum of three listings. (eg. accommodations, grocery, accounting)

CATEGORY:	FEE:	GST	TOTAL:
Businesses and Non Profit with employees	\$175.00	\$8.75	\$183.75
Sub-Business (for owners of multiple businesses).....	\$ 35.00	\$1.75	\$ 36.75
Individual (<i>cannot be a business owner or a vendor</i>)	\$100.00	\$5.00	\$105.00
Home Based Business with No Employees	\$100.00	\$5.00	\$105.00
Non-Profit with No Employees	\$100.00	\$5.00	\$105.00

Please keep a copy of this form for your records. A membership card and a 2009 decal will be issued to you upon payment. Remember your membership fees are tax deductible.

AMOUNT ENCLOSED: _____ CHEQUE _____ CASH _____

CREDIT CARD NO.: _____ EXPIRY DATE: _____

I would like to receive Chamber communications, newsletters and updates by (check one)
E-mail: _____ Fax: _____ Mail: _____

I would like to receive more information about the Chamber benefit package _____

OFFICE USE ONLY	
New Member: <input type="checkbox"/> yes <input type="checkbox"/> no	Date Paid: _____
Benefit Pkg Rec <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Chq <input type="checkbox"/> Cash <input type="checkbox"/> Debit
Added/Received Membership Directory	Web site <input type="checkbox"/> yes <input type="checkbox"/> no
Added /Member <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Decal/Member Card <input type="checkbox"/> yes <input type="checkbox"/> no