



Membership Application Form | New Member 2011

Kamloops Chamber of Commerce

1290 West Trans Canada Hwy., Kamloops, BC V2C 6R3

Phone: 250.372.7722 | Fax: 250.828.9500 | mail@kamloopschamber.ca | kamloopschamber.ca

Corporate Information

Today's date: _____

Company Name (doing business as): _____

Legal Business Name: _____
(ie. holding or limited company, etc.)

Number of employees: _____ Business start date (year): _____

Telephone: (____) _____ Fax: (____) _____

Website: _____

Address

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Contact Information (primary contact)

Owner/ Manager: _____

Title: _____

Email: _____

All chamber information is distributed via email. Would you like to receive chamber emails Yes No

Additional Email: _____

Additional Email: _____

Additional Email: _____

Voting Entitlements

Members are entitled to vote upon chamber resolution to government, bylaw changes, and your chamber board of directors.

The number of employees your company has will determine the number of votes you are entitled to.

Please assign the appropriate number of employees to represent your firm.

1-10 employees = 1 vote

11-50 employees = 2 votes

51+ employees = 3 votes

Vote 1 – employee name: _____

Vote 2 - employee name: _____

Vote 3 - employee name: _____

Areas of Interest

Please tell which items below are of interest to you as a Chamber member – check all that apply.

Advertising Opportunities

Advocacy

Extended Health Plan

Networking /Socials

Online Directory

Volunteering on a Chamber Task Force

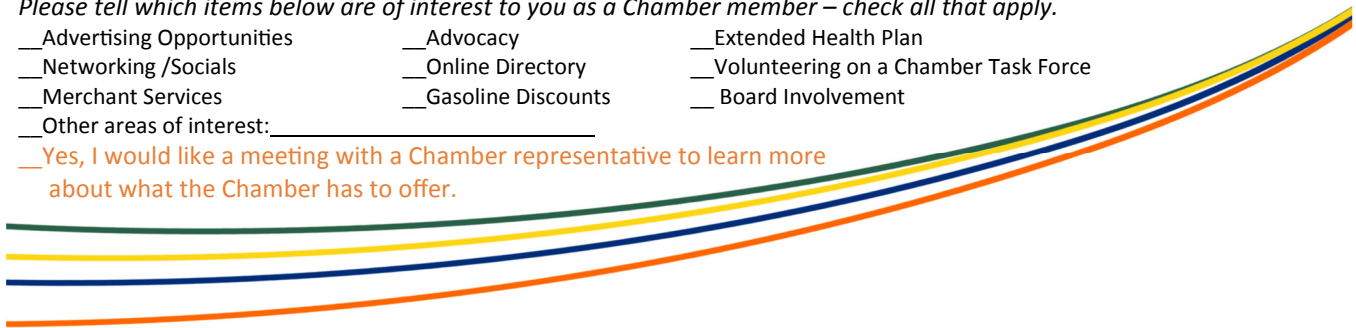
Merchant Services

Gasoline Discounts

Board Involvement

Other areas of interest: _____

Yes, I would like a meeting with a Chamber representative to learn more about what the Chamber has to offer.



How did you hear about the Chamber?

Please tell us how you heard about the Chamber. Check all that apply.

Advertisement Person (name & company): _____
 Other: _____ (If referred please indicate that person's name for recognition)

REFER AND SAVE! Is there someone else that you think could benefit from a Chamber membership?

Name: _____ Business: _____
Name: _____ Business: _____

Business Categories

Choose the **one** category that best suits your business description:

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Family & Community | <input type="checkbox"/> Industrial Supplies & Services |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Finance & Legal | <input type="checkbox"/> Non Profit Association & Special Interest Group |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Fishing | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Computers, Communications & Electronics | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Public Utilities & Environment |
| <input type="checkbox"/> Construction & Renovation | <input type="checkbox"/> Forestry | <input type="checkbox"/> Real-Estate & Insurance |
| <input type="checkbox"/> Education | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Resource Industry |
| <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Health & Medicine | <input type="checkbox"/> Shopping & Specialty Stores |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Travel & Lodging | <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transportation | | |

Business Keywords: _____

Membership Type (choose one)

Your **annual** fee is based upon the number of employees you have. Please indicate below which membership level applies to you. All memberships expire December 31st. Fees will be pro-rated quarterly. Please contact the Chamber office for pro-rated pricing.

	Cost	GST	Total		Cost	GST	Total
<input type="checkbox"/> Non Profit Assoc./Society	\$170.21	\$20.43	190.64	<input type="checkbox"/> 1-10 Staff	\$246.46	\$27.58	\$276.04
				<input type="checkbox"/> 11-50 Staff	\$324.07	\$38.89	\$362.96
				<input type="checkbox"/> 51+ Staff	\$555.56	\$66.67	\$622.23

Membership Directory

The Chamber periodically sells our business directory in printed or digital format. This is **not** the Chambers' Online Business Directory.

Yes, include me in the Membership Directory No, do not include me in the Membership Directory

Payment

Your application will be processed at the time payment is received. Please select your method of payment and indicate the payment amount. Membership dues are non-refundable.

Cash Cheque Debit MasterCard Visa

Payment amount: \$ _____

Credit Card No: _____ Expiry (MM/YY): _____

Name on the Credit Card: _____ Signature: _____

Membership Agreement

I have completed the above application in full for membership with the Kamloops Chamber of Commerce. I agree, upon election as a member of the Kamloops Chamber of Commerce, to abide by the policies and by-laws of the association.

Code of Conduct and Commitment

As a member of the Kamloops Chamber of Commerce I agree to conduct all business and professional activities in a reputable manner to reflect honorably upon the Kamloops Chamber and the greater Kamloops business community.

Name: _____ Date: _____

Signature: _____ (Please print)

Please send your completed form along with payment to the Kamloops Chamber of Commerce by fax to (250) 828-9500 or by mail to 1290 West Trans Canada Hwy. Kamloops, BC V2C 6R3

