

Business Name: _____

Contact Information

Mailing Address: _____

Physical Address:
(if different) _____

Phone: _____

Fax: _____

Website: _____

Primary

Contact: _____

Primary Email: _____

Position: _____

Already signed up for Group Health Benefits? Yes No

Additional email address(es) for receiving Chamber communications (newsletters, event information, etc.)

Membership Type (Based on the number of Employees)

# of Employees	Rate	GST	Total Fee	# of Employees	Rate	GST	Total Fee
<input type="checkbox"/> 1 to 5	\$240.00	\$12.00	\$252.00	<input type="checkbox"/> 31 to 50	\$556.50	\$27.83	\$584.33
<input type="checkbox"/> 6 to 10	\$294.00	\$14.70	\$308.70	<input type="checkbox"/> 51 +	\$640.50	\$32.03	\$672.53
<input type="checkbox"/> 11 to 30	\$388.50	\$19.43	\$407.93				

Please give us a brief description of your business. (ie., products and services that you provide). We will use this information for our Business Directory on our website and in the Membership Directory.

The Weyburn Chamber of Commerce takes pride in providing relevant and effective services to its membership. At this time, are there services that the Chamber is not currently providing that you feel the Chamber could provide?

Two of the great benefits of the Chamber Membership are the Chamber of Commerce Group Insurance Plan and the Chamber of Commerce Merchant Services Discount (for VISA and MC). If you are not participating already, would you be interested in information regarding these? Yes No

Please feel free to contact the Weyburn Chamber of Commerce board and staff if you have any questions or concerns in the future.

I hereby make application to the Weyburn Chamber of Commerce for membership, and agree to pay the annual fees for the current membership year January 1st to December 31st as indicated herein.

Signature: _____

Date: _____