



HEADINGLEY REGIONAL CHAMBER OF COMMERCE BUSINESS MEMBERSHIP APPLICATION

BUSINESS NAME: _____

PRIMARY CONTACT/OWNER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

WEB SITE URL: _____

Are you interested in the Chamber Health/Dental/Insurance Benefits Package? YES ___ NO ___

APPLICATION DATE: _____

ANNUAL MEMBERSHIP FEES

TIER ONE	1 – 5 FULL-TIME EMPLOYEES	\$150.00 + GST \$7.50
TIER TWO	6 – 9 FULL-TIME EMPLOYEES	\$200.00 + GST \$10.00
TIER THREE	10+ FULL-TIME EMPLOYEES	\$275.00 + GST \$13.75

PAYMENT MAY BE MADE BY CHEQUE TO:

Headingley Regional Chamber of Commerce
11 Livingstone Way
Headingley, MB R4H 0B3

MEMBERSHIP FEE: \$ _____

GST: \$ _____

INVOICE TOTAL: \$ _____

BY CREDIT CARD (VISA OR MASTERCARD)

Credit Card Number: _____

Expiry Date: _____

3-Digit CV #: _____

METHOD OF PAYMENT

___ CHEQUE

___ CREDIT CARD

FOR FURTHER INFORMATION CONTACT:

Cyndi Minaker, Executive Director

Phone : 204-396-4979

Email: headingley.chamber@mymts.net