



HEADINGLEY CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Date: _____

Business Name: _____

Phone: _____ Email: _____

Website: _____

Physical Address: _____
(Street, City, Postal Code)

Mailing Address: _____
(If different from above)

Primary Contact: _____
(Name & Title)

Email: _____ Phone/Cell Phone: _____

Social Network Addresses: (LinkedIn, Facebook, Twitter, Instagram)

Business Keywords:

Business Description: (maximum 200 words)

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

Annual Membership Fees:

1-5 Full Time Employees - \$175 + 8.75 GST = \$183.75
6-9 Full Time Employees - \$225 + 11.25 GST = \$236.25
10+ Full Time Employees - \$300 + 15.00 GST = \$315.00

Payment Methods:

Visa/MasterCard: Call 204-396-4979
E-transfer: Headingley.chamber@mymts.net
Cheque: Mail to:
11 Livingstone Way
Headingley, MB R4H 0B3

www.headingleychamber.ca