



St.Malo & District Chamber of Commerce

BUSINESS / INDIVIDUAL INFORMATION

BUSINESS (NOT APPLICABLE FOR INDIVIDUAL MEMBERSHIPS)

Business Name:		
Business Phone:	Business Card/Logo (Please send electronically): <input type="checkbox"/>	
Business E-Mail:	Business Slogan/Description (Please send electronically): <input type="checkbox"/>	
Business Street Address (if applicable):		
Business PO Box:		
City:	Province:	Postal Code:

BUSINESS PRIMARY CONTACT / INDIVIDUAL MEMBER INFORMATION

Last Name:	First Name:	
Salutation (Mr/Mrs/Ms/Miss):	Position/Title (Business Only):	
Phone:	Mobile:	
E-Mail:		
Street Address:	PO Box:	
City:	Province:	Postal Code:

MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORIES	ANNUAL PRICING
<input type="checkbox"/> Student	\$5
<input type="checkbox"/> Individual	\$20
<input type="checkbox"/> Non-Profit Organization	\$50
<input type="checkbox"/> Business & Farm, Sole Proprietor → 1 Employee	\$50
<input type="checkbox"/> Business & Farm 2 → 3 Employees	\$60
<input type="checkbox"/> Business & Farm 4 → 10 Employees	\$75
<input type="checkbox"/> Business & Farm 11+ Employees	\$100

SIGNATURE

Signature of Member:	Date:
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