



## 2017 Membership Application

P. O. Box 249  
Blackfalds, AB T0M 0J0  
[yourblackfaldschamber@outlook.com](mailto:yourblackfaldschamber@outlook.com)

### Membership Information (Please fill in completely and return with payment)

Business Name:

Trade Name:

Owner:

Manager:

Type of Business:

Mailing Address:

City/ Town & Postal code

Physical Address:

City/ Town & Postal code

Phone#:

Website:

Email:

### General Membership 2017 -Fee Schedule

Membership Type	Annual Fee
Individual	\$80
<b>Business</b>	<b>\$100</b>

Payable by Email Interac or cheque {Payable to:Blackfalds & District Chamber of Commerce} or MC or Visa

- Renewal  
 New Membership

*Members are now able to pay their Annual Membership Fees monthly if they participate in the Chamber Insurance Plan. Please fill out the attached form and send it in with your application.*

I would like to volunteer occasionally with Chamber Events and/or Committees:

- YES  
 NO

This Information is collected under the authority of the Freedom of Information and Protection of Privacy Act. In addition business contact information including individual's contact name, address, telephone # and email address may be disclosed by the Chamber upon request unless it reveals personal or third party information.

- CHECK THIS BOX IF YOU DO NOT WISH TO HAVE YOUR BUSINESS CONTACT INFORMATION INCLUDED in business listings, lists or directories which may be distributed, published, emailed or posted on the internet or other Chamber publications