



**Blackfalds & District**  
**CHAMBER OF COMMERCE**

**2019 Membership Application**

<b>Business Name:</b>	
<b>Trade Name:</b>	
<b>Owner:</b>	
<b>Manager:</b>	
<b>Type of Business:</b>	
<b>Mailing Address (Town, Postal Code):</b>	
<b>Physical Address (Town, Postal Code):</b>	
<b>Phone Number:</b>	
<b>Website:</b>	
<b>Email Address:</b>	

<b>Membership Fee Schedule - 2019</b>	
<b>Early Bird Annual Fee</b> (Paid <i>before</i> December 1, 2018)  <b>\$80</b>	<b>Regular Annual Fee</b> (Paid <i>after</i> December 1, 2018)  <b>\$100</b>
<b>Members are now able to pay their annual membership fees monthly, if they are participating in the Chamber Insurance Plan. Fill out attached form and send it with your application.</b>	
<b>Payable by Email Interac, cheque (Payable to: Blackfalds &amp; District Chamber of Commerce), MasterCard, or Visa. Please send payment with completed application.</b>	

	YES	NO
Would you be interested in the Chamber Group Insurance Plan?		
I would like to occasionally volunteer with Chamber events or committees		
I would like to receive updates from the Chamber through the Chamber Monthly Newsletter, email, as well as other methods.		
CHECK (✓) THIS BOX IF YOU <b>DO NOT WISH</b> 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		

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.

