

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Number of Employees: **Full Time:** _____ **Part Time:** _____

2009 MEMBERSHIP FEES			
Fiscal Year for membership January 1 – December 31, 2009			
# of Employees	Membership Fee +	GST =	Total
1 – 3 Employees	\$199.00	\$9.95	\$208.95
4 – 5 Employees	\$252.00	\$12.60	\$264.60
6 – 10 Employees	\$325.00	\$16.25	\$341.25
11 – 20 Employees	\$399.00	\$19.95	\$418.95
21+ Employees	\$501.00	\$25.05	\$526.05
Non-Profit / Charitable Organizations	\$72.00	\$3.60	\$75.60

(Please note that Part Time Employees count as 1/2 an employee)

**Please fax this form back to the
Humboldt & District Chamber of Commerce
at 682-5203.**

**Payments may be made by:
cheque, cash, or credit card**

Membership Commencement Date: _____

Signature: _____