

**Olds & District Chamber Of Commerce**  
**P.O. Box 4210, Olds, AB T4H 1P8 Phone: 403.556.7070 Fax: 403.556.1515**  
**Email Address: [chamber@oldsnet.ca](mailto:chamber@oldsnet.ca) Website: www.oldsalberta.com**

## 2017 Membership Registration

**Name of Company or Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Designated Contact Person:** \_\_\_\_\_ **Position:** \_\_\_\_\_

### INVESTMENT SCHEDULE

Your investment is determined by the total number of permanent full time or full time equivalent employees your corporation or organization maintains, i.e. 5 employees working 8 hours per week is equal to one full time employee.

	2017 Olds Chamber Membership	2017 Alberta & Canadian Chambers Affiliation Fee	GST 5%	TOTAL
Association & Society	\$ 121.30	\$13.50	\$ 6.74	\$ 141.54
Business (1 – 5 full time employees)	\$ 148.85	\$13.50	\$ 8.12	\$ 170.47
Business (6 – 12 full time employees)	\$ 181.90	\$13.50	\$ 9.77	\$ 205.17
Business (13 – 20 full time employees)	\$ 220.50	\$13.50	\$11.70	\$ 245.70
Business (21 and up full time employees)	\$ 242.55	\$13.50	\$12.81	\$ 268.86
Corporate Sponsorship	\$1,433.25	\$13.50	\$72.34	\$1,519.09

\* *G.S.T. Registration #898026141*

\* *One Business Name Per Membership - One Vote Per Membership*

**INVESTMENT PLEDGE PAYMENT** \$ \_\_\_\_\_. I hereby pledge to apply for membership in the Olds & District Chamber of Commerce and agree to be governed by the Vision of Purpose, Goals and By-Laws of the Olds & District Chamber of Commerce as approved by the membership.

### FOR OLDS & DISTRICT CHAMBER OF COMMERCE OFFICE USE ONLY

**Date Membership Fee Received** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Cheque No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Olds & District Chamber of Commerce*

### DISCLOSURE OF BUSINESS INFORMATION

*The information above may be included on the Olds & District Chamber of Commerce website and on publicly-accessible database. Does the Applicant consent to such disclosure?*

\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ (Signature of Applicant)

### CONSENT TO RECEIVE E-COMMUNICATIONS FROM THE OLDS CHAMBER

*The Olds & District Chamber of Commerce communicates with its Members through emails. Does the Applicant consent to receiving information and updates from the Olds Chamber through email communication?*

\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ (Signature of Applicant)

### CHAMBERS OF COMMERCE GROUP INSURANCE PLAN

Are you interested in learning more about this Group Insurance Plan \_\_\_\_\_ yes \_\_\_\_\_ no

### SUPPORT US TO SUPPORT YOU!

The Chamber needs volunteers, if you and/or your employees are interested in becoming active in the Chamber, please indicate area of interest below. Some examples of Committees/Task Teams are as follows: **(we need you to get involved)**

\_\_\_\_\_ Luncheons \_\_\_\_\_ Special Events \_\_\_\_\_ Committee (please inquire)