



MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name: _____

Company Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Company Phone: _____ Company Fax: _____

Corporate Website: _____

Business No. (if applicable) _____

Company Overview: *(Please check the areas which apply to your organization, or provide a brief overview of the services you offer.)*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Aboriginal Organization | <input type="checkbox"/> Courier/Mailing | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Media & Communications |
| <input type="checkbox"/> Accounting/Taxation | <input type="checkbox"/> Construction/Infrastructure | <input type="checkbox"/> HR/Payroll | <input type="checkbox"/> Not for Profit |
| <input type="checkbox"/> Agriculture & Food | <input type="checkbox"/> Consulting/Coaching | <input type="checkbox"/> Industrial Supplies | <input type="checkbox"/> Government |
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Education/Research | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Arts, Culture & Heritage | <input type="checkbox"/> Energy & Mining | <input type="checkbox"/> Technology | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Banking & Finance | <input type="checkbox"/> Environment | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Business Finances | <input type="checkbox"/> Health/Pharmaceuticals | <input type="checkbox"/> Manufacturing & Processors | <input type="checkbox"/> Other _____ |

Services Offered: _____

Are you currently a member of your district's local chamber? Yes, _____ No
(Chamber Name)

COMPANY CONTACT(S)

Primary Name: _____ Primary Email: _____

Contact's Title: _____ Primary Phone: _____

Secondary Name: _____ Secondary Email: _____

Contact's Title: _____ Secondary Phone: _____

MEMBERSHIP INFORMATION

How did you hear about the MCC?
 University Advertisement Facebook
 Colleague Newspaper Twitter
 Event Referred by, _____

Why is your business interested in becoming a MCC member?
 Networking Attend Events Business Advocacy
 Insurance Advertising Ops Discounted Services
 Partnership Opportunities with the MCC
 Other, _____

Would your business be interested in learning about sponsoring any MCC related events in order to further enhance your marketing campaign? Yes No



MEMBERSHIP APPLICATION

MEMBERSHIP

At the Manitoba Chambers of Commerce we value Manitoba's businesses and strive to provide affordable rates to organizations interested in becoming members of this elite social network!

Please select the membership option which best suits your company's profile:

<i>No. Full Time Employees working within Manitoba</i>	<i>Membership Dues</i>	<i>GST (5%)</i>	<i>Total Membership Fees</i>
<input type="checkbox"/> Student Membership/Retiree	\$ 63.90	\$ 3.20	\$ 67.10
<input type="checkbox"/> Sole Proprietor	\$ 228.11	\$ 11.41	\$ 239.52
<input type="checkbox"/> Not For Profit Organization	\$ 435.96	\$ 21.80	\$ 457.76
<input type="checkbox"/> 2-3 Employees [_____]# of Employees	\$ 435.96	\$ 21.80	\$ 457.76
<input type="checkbox"/> 4-10 Employees [_____]# of Employees	\$ 508.61	\$ 25.43	\$ 534.04
<input type="checkbox"/> 11-25 Employees [_____]# of Employees	\$ 653.92	\$ 32.70	\$ 686.62
<input type="checkbox"/> 26-49 Employees [_____]# of Employees	\$ 799.23	\$ 39.96	\$ 839.19
<input type="checkbox"/> 50-100 Employees [_____]# of Employees	\$ 944.59	\$ 47.23	\$ 991.82
<input type="checkbox"/> 101-200 Employees [_____]# of Employees	\$ 1 235.22	\$ 61.76	\$ 1 296.98
<input type="checkbox"/> 201-300 Employees [_____]# of Employees	\$ 1 525.85	\$ 76.29	\$ 1 602.14
<input type="checkbox"/> 301 + Employees [_____]# of Employees	\$1 816.48 (plus \$1.3 /employee above 301)		

PAYMENT OPTIONS: All membership investments are recognized by the CRA as a deductible business expense.

Cheque made payable to: *The Manitoba Chambers of Commerce*

Invoice our company

Credit Card

Type: Choose an item.

Expiry:

CSV#:

Credit Card Number: _____

Name on Card: _____

Primary Holder: _____

Signature: _____

GST Exempt No (if applicable) _____

Please mail or email your completed application to Diane Czastkiewicz, dczastkiewicz@mbchamber.mb.ca or call (204) 948-0111.

Thank you for joining the Manitoba Chambers of Commerce!