

MEMBERSHIP APPLICATION

Fields marked with * are required fields; do not leave them blank.

COMPANY INFORMATION

CompanyName*: _____

Company Address*: _____

If your company's mailing address is different than its physical address, provide both.

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

Head Office Location: _____

Company Phone: _____ Company Toll Free: _____

Company Fax: _____ Website: _____

Twitter: _____ Facebook: _____

Company Overview*: Please check the area which applies to your organization.

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture & Food | <input type="checkbox"/> Financial Services (Accounting, Banking, and Taxation) | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Arts, Culture, Heritage & Tourism | <input type="checkbox"/> Government | <input type="checkbox"/> Media, Marketing & Communications |
| <input type="checkbox"/> Construction, Infrastructure & Transportation | <input type="checkbox"/> Health & Pharmaceuticals | <input type="checkbox"/> Not-for-Profit/Association |
| <input type="checkbox"/> Consulting & Coaching (Non-financial) | <input type="checkbox"/> Human Resources & Payroll | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Education & Research | <input type="checkbox"/> Industrial Supplies/Services, Manufacturing & Processing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Environment, Energy & Mining | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sports, Hospitality & Entertainment |
| <input type="checkbox"/> Event & Project Management | <input type="checkbox"/> IT & Technology | |

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

COMPANY CONTACT(S)

Contacts listed here will appear in the annual Membership Directory unless otherwise specified. Additional contacts can be added to your corporate profile upon request.

Primary Name*: _____

Primary Email*: _____

Primary Position*: _____

Primary Direct Phone*: _____

Secondary Name: _____

Secondary Email: _____

Secondary Position: _____

Secondary Direct Phone: _____

Why is your business interested in becoming an MCC member?*

- Advertising Opportunities
Including MBiz Weekly e-news, membership directory, MBiz Magazine, and website
- Business Advocacy
- Discounted Services
- Partnership Opportunities (including sponsorship of events)
- Networking & Events
Including MBiz Breakfast Series and Season Seats, Leaders Series, Deputy Ministers' Dinner, Manitoba Business Awards, and Ministers' Dinner

MEMBERSHIP APPLICATION

TYPE OF 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. Note: two part-time employees is equivalent to one full-time employee.

No. Full Time Employees working within Manitoba <small>All fields in this section must be completed.</small>	Annual 2018 Membership Dues	GST (5%)	Total Membership Fees
<input type="checkbox"/> Not For Profit (NFP) [_____] # of Employees	\$ 460.38	\$ 23.02	\$ 483.40
<input type="checkbox"/> 1-3 Employees [_____] # of Employees	\$ 460.38	\$ 23.02	\$ 483.40
<input type="checkbox"/> 4-10 Employees [_____] # of Employees	\$ 537.09	\$ 26.85	\$ 563.95
<input type="checkbox"/> 11-25 Employees [_____] # of Employees	\$ 690.54	\$ 34.53	\$ 725.07
<input type="checkbox"/> 26-49 Employees [_____] # of Employees	\$ 843.99	\$ 42.20	\$ 886.19
<input type="checkbox"/> 50-100 Employees [_____] # of Employees	\$ 997.50	\$ 49.87	\$ 1,047.37
<input type="checkbox"/> 101-200 Employees [_____] # of Employees	\$ 1,304.41	\$ 65.22	\$ 1,369.63
<input type="checkbox"/> 201-300 Employees [_____] # of Employees	\$ 1,611.30	\$ 80.57	\$ 1,691.87
<input type="checkbox"/> 301 + Employees [_____] # of Employees	\$ 1,918.20 (plus \$1.39/employee above 301) + GST		

PAYMENT OPTIONS:

All membership investments are recognized by the Canada Revenue Agency (CRA) as a deductible business expense.

- Cheque enclosed made payable to The Manitoba Chambers of Commerce
- Invoice our company
- Credit Card Type: _____ Expiry (mm/yy): _____ CSV#: _____
 Card Number: _____ Name on Card: _____
 Signature: _____ Date (mm/dd/yy): _____
- GST Exempt No.: _____
If your company is GST exempt, provide your GST number to receive exempt pricing options.

Please mail or email your completed application form to Kristi Meek at kmeek@mbchamber.mb.ca or fax at (204) 948-0110. If you have questions about the application, please call (204) 948-0105.

THANK YOU FOR JOINING THE MANITOBA CHAMBERS OF COMMERCE