

# MEMBERSHIP APPLICATION

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

## GENERAL COMPANY INFORMATION

CompanyName\*: \_\_\_\_\_

Company Phone\*: \_\_\_\_\_ Company Toll Free: \_\_\_\_\_

Company Website\*: \_\_\_\_\_

Company Email\*: \_\_\_\_\_

## PHYSICAL ADDRESS

Address Line 1\*: \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/Town\*: \_\_\_\_\_ Province\*: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

## MAILING ADDRESS *Complete this section only if your organization's mailing address is different than the physical address.*

Address Line 1: \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## SOCIAL NETWORK ADDRESSES *Please provide URLs for each of the social networks listed below.*

LinkedIn \_\_\_\_\_

Facebook \_\_\_\_\_

Twitter \_\_\_\_\_

Instagram \_\_\_\_\_

Pinterest \_\_\_\_\_

## PRIMARY CONTACT *Additional contacts can be added upon membership activation through the Member Information Centre.*

Contact Name\*: \_\_\_\_\_

Contact Title\*: \_\_\_\_\_

Direct Phone\*: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

## BILLING CONTACT

Contact Name\*: \_\_\_\_\_

Contact Title\*: \_\_\_\_\_

Direct Phone\*: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

## ADDITIONAL INFORMATION

**Business Description\*:**  
*(Max. 500 characters)*

**Business Keywords\*:**  
*(Max. 240 characters)*

**Primary Category\*:**

**Full-time Employees\*:** \_\_\_\_\_ **Part-time Employees\*:** \_\_\_\_\_

**Head Office Location\*:** \_\_\_\_\_  
*(City, Province/State)*

**Are you currently a member of your district's local chamber?\***

- Yes \_\_\_\_\_
- No \_\_\_\_\_  
*(List all local Chambers)*

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

- Advertising opportunities *including MBiz e-weekly news, Partners in Prosperity, MBiz Magazine, website*
- Business advocacy
- Discounted services
- Partnerships opportunities Including sponsorship of events
- Networking & events *Asked & Answered Webinar Series, #MBPoli Power Hour Webinar Series, MBiz Breakfast Series, Leaders Series, Deputy Ministers' Dinner, Manitoba Business Awards, and Ministers' Dinner*

**MEMBERSHIP OPTIONS** *Please select the membership investment option which best suits your organization's profile.*

No. Full-Time Employees within Manitoba*	Rate	GST (5%)	Total Investment
<input type="checkbox"/> Not-for-Profit/Association	\$ 478.98	\$ 23.98	\$ 502.93
<input type="checkbox"/> 1-3 employees	\$ 478.98	\$ 23.98	\$ 502.93
<input type="checkbox"/> 4-10 employees	\$ 558.79	\$ 27.94	\$ 586.73
<input type="checkbox"/> 11-25 employees	\$ 718.44	\$ 35.92	\$ 754.36
<input type="checkbox"/> 26-49 employees	\$ 878.09	\$ 43.90	\$ 921.99
<input type="checkbox"/> 50-100 employees	\$ 1,037.80	\$ 51.89	\$ 1,089.69
<input type="checkbox"/> 101-200 employees	\$ 1,357.11	\$ 67.86	\$ 1,424.96
<input type="checkbox"/> 201-300 employees	\$ 1,676.40	\$ 83.82	\$ 1,760.22
<input type="checkbox"/> 301 + employees	\$ 1,995.70 plus \$1.39/employee above 301 + GST		
	<b>No. Employees Over 301</b>	_____	
		x	_____
			_____
		+	_____
	<b>Total Investment Rate Subtotal</b>	\$	_____

**Is your organization GST exempt?\***

- Yes \_\_\_\_\_
- No \_\_\_\_\_

All membership investment rates are subject to GST unless a valid GST number is provided above.

**BILLING OPTIONS** *Please select the preferred billing option.*

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

 **Credit Card (complete the form below)**

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry (mm/yy): \_\_\_\_\_ / \_\_\_\_\_ CSV#: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

 **Electronic Funds Transfer (EFT)**

Transit #: 00007 Bank #: 003 Account #: 1408731

 Please submit remittance advice to [accounting@mbchamber.mb.ca](mailto:accounting@mbchamber.mb.ca) for each transaction.

 **Cheque payable to The Manitoba Chambers of Commerce enclosed**
 **Invoice our company**

Please mail or email your completed application form to [bhutton@mbchamber.mb.ca](mailto:bhutton@mbchamber.mb.ca). If you have questions about the application, please call (204) 948-0105.