



EXPLOITS REGIONAL CHAMBER OF COMMERCE

P.O. Box 272, 16 High Street
Grand Falls-Windsor, NL, A2A 2J7
Phone (709) 489-7512 Fax (709) 489-7532
www.exploitschamber.com

Membership Application

Returning this application form with Credit Card information or your cheque made payable to the "Exploits Regional Chamber of Commerce" will activate your membership

Firm Name: _____

Owner/Manager: _____

Type of Business: _____

Address: _____

Website: _____ Postal Code: _____

E-mail: _____ Telephone: _____ Fax: _____

No. Of Years in Business: _____ No. Of Employees: _____
a.) In Exploits Region _____ a.) Full-time: _____
b.) Elsewhere: _____ b.) Part-time: _____

Names of designated representatives to be placed on Chamber mailing list: (include email addresses)

1.) _____ 2.) _____
3.) _____ 4.) _____

The undersigned agrees to be governed by the By-Laws of the Exploits Regional Chamber of Commerce and will endeavor to be a contributing member in the goals of the Exploits Regional Chamber of Commerce.

Authorized Signature: _____ Position: _____ Date: _____

# of Permanent Employees	Dues	HST	Total	# of Reps
1-9	110.00	14.30	124.30	1
10+	184.00	23.92	207.92	2

- This membership is active January-December. If your company joins after June, your dues are prorated.
- Membership with the Exploits Regional Chamber of Commerce is tax deductible as a business expense
- BN 8930802594 RT

Payment made by: Cheque _____ Referred by: _____ (member name)
C/Card # _____ or - website _____
Expiry _____ Other: _____

Signature: _____