



2023/24 MEMBERSHIP APPLICATION

CHETWYND CHAMBER OF COMMERCE

CONTACT

Naomi Larsen,
Executive Director
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www.chetwyndchamber.ca

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Company Name _____

Address _____

City _____ Postal Code _____

Phone (____) _____ Fax (____) _____

E-Mail _____

Main Contact Person _____ Title _____

Other Contact Person _____ Title _____

Classification _____ # of Employees _____

Referred by: _____

How would you prefer to receive Chamber information/news/announcements?

Email _____ Don't send any, thanks _____

I/We hereby make application for membership in the Chetwynd Chamber of Commerce. I/We acknowledge that all NEW members are subject to approval by the Board of Directors.

I/We agree that our annual investment in membership shall be \$_____ per annum, payable in advance. Fee structures are approved annually by the Board of Directors.

I/We reserve the right to revise or cancel this agreement by written notice prior to the close of any annual period. All memberships expire September 30 of each year, regardless of the date of enrollment and must be renewed prior to December 31, after which date, member privileges will be suspended.

Applicant's Signature _____ Date _____

MEMBERSHIP INVESTMENT SCHEDULE

Category	Fee	BCCC & CCC	GST	TOTAL
Senior/Student	\$27.00	\$13.00	\$2.00	\$42
Individual Non Bus.	\$47.00	\$13.00	\$3.00	\$63.90
Non-Profit	\$57.00	\$13.00	\$3.50	\$73.50
Sole Proprietor	\$109.00	\$13.00	\$6.10	\$128.10
2-5 Employees	\$124.00	\$13.00	\$6.85	\$143.85
6-15 Employees	\$142.00	\$13.00	\$7.75	\$162.75
16-25 Employees	\$158.00	\$13.00	\$8.55	\$179.55
26-35 Employees	\$186.00	\$13.00	\$9.95	\$208.95
36-45 Employees	\$229.00	\$13.00	\$12.10	\$254.10
46-55 Employees	\$279.00	\$13.00	\$14.60	\$306.60
56-100 Employees	\$335.00	\$13.00	\$17.40	\$365.40
101-200 Employees	\$394.00	\$13.00	\$20.35	\$427.35
201-300 Employees	\$467.00	\$13.00	\$24.00	\$504.00

The member authorizes the Chetwynd Chamber of Commerce to process credit card payment:

Yes: _____ No: _____

Visa: _____ Mastercard: _____ Cheque: _____ Cash: _____ Etransfer: _____

Credit Card Number: _____ Expiry: _____ Verification #: _____

Signature for approval of card processing: _____

Cheque is in the mail, please circle: Yes