



Date: _____

Kelowna Chamber of Commerce 2008 MEMBERSHIP FORM

MEMBERSHIP INVESTMENT SCHEDULE

| | | | |
|----------------------------|---|------------------|----------|
| Corporate Member | Based on # of full-time employees - See back of form for calculation | | \$ _____ |
| Individual Member | (Retired, seeking employment, student) | \$ 105.00 | \$ _____ |
| Non-Profit Member | (Society # required: _____) | \$ 113.40 | \$ _____ |
| Home Based Business | (1 owner/employee - Includes Bed & Breakfast and Vacation Home Rental) | \$183.75 | \$ _____ |
| Associate Member | (Businesses located outside of the Central Okanagan) | \$194.25 | \$ _____ |
| Additional Reps | (Additional Voting Member - Must be staff or contract employee of Corporate Member) | \$73.50 | \$ _____ |
| Weblink | (Company Web Address included in your online Business Directory listing) | \$40.00 | \$ _____ |
| Enrollment Fee | One time enrollment fee: | | \$ 30.00 |
| | | Subtotal: | \$ _____ |
| | | GST @ 5% | \$ _____ |
| | | TOTAL: | \$ _____ |

Payment: Cheque Visa MasterCard Pre-Authorized Plan (please call for details)

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Profile: The following information will be listed on our **Chamber Online Business Directory** and in our internal database:

Business Name: _____ # of Employees: _____

Category: _____ Sub-Category: _____

3 key words that describe your business: _____, _____, _____

Contact Person: _____ Title: _____

Address: _____ Website: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Authorization: I authorize the Kelowna Chamber of Commerce to publish this information on their website and use the Company Information for communication purposes. _____ (signature of applicant)

Please have a Representative contact me about:

- Chamber of Commerce Group Insurance Program (Health & Employee Benefits Plan)
- Merchant Services (Credit Card & Interac reduced rates program)
- Other _____

Note: This application is subject to the approval of the Board of Directors. Membership rates subject to change.

Please fax completed form to 250.861.3624 or contact our Membership Development Director at 250.469-7353 or apply online at www.kelownachamber.org

