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www.crowstpasschamber.ca



2019 New Membership / Membership Renewal Form

Business Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

of Employees: _____ Business License Number (required) _____

Contact Person/Title: _____ / _____

Social Media Accounts: Facebook Twitter Instagram Other _____

By signing here (X) you agree to receive email and other communications from the Crowstpass Chamber of Commerce:

X _____ / _____
Authorized Signature Date

2019 Membership Fees

PLEASE NOTE:

Two (2) part-time employees equals one (1) full-time employee when calculating total number of employees.

Individual	95.00
1 to 5 Employees	145.00
6 to 10 Employees	165.00
11 to 25 Employees	240.00
26 to 100 Employees	350.00
100+ Employees	460.00
Non-Profit	25.00

Membership Fee: \$ _____

AB Chambers Fee: \$ **13.10**

Sub-Total \$ _____

GST \$ _____

TOTAL DUE \$ _____

Please check your method of payment:

- Cash
- E-Transfer
- Credit Card (Visa or MasterCard)
- Cheque

Payable to:
Crowstpass Chamber of Commerce

I am interested in more information on the Chambers of Commerce Group Insurance Plan.

Thank you for joining the
The Crowstpass Chamber of Commerce Association
MEMBERSHIP DOES HAVE ITS PRIVILEGES!

For Chamber office use only:

- receipt sticker value-added programs Outlook Benchmark website Excel