



Yellowknife Chamber of Commerce
 3rd Floor NWT Commerce Bldg.
 #21, 4910-50th Avenue
 Yellowknife, NT X1A 3S5

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MEMBERSHIP APPLICATION FORM
Rates Effective January 1st – December 31st, 2009

The number of paid employees determines the Membership Rate Schedule. Please indicate below the number of paid employees, including yourself, in your business/organization:

- | | | | |
|---|-----------------------------|---|-------------------------------|
| <input type="checkbox"/> 1 to 5 Employees | (\$175.00 + GST = \$183.75) | <input type="checkbox"/> 21 to 50 Employees | (\$750.00 + GST = \$787.50) |
| <input type="checkbox"/> 6 to 10 Employees | (\$355.00 + GST = \$372.75) | <input type="checkbox"/> Over 50 Employees | (\$1500.00 + GST = \$1575.00) |
| <input type="checkbox"/> 11 to 20 Employees | (\$550.00 + GST = \$577.50) | <input type="checkbox"/> Government Dept's | (\$500.00 – GST Exempt) |

Operating Name of Business:

Legal Name of Business (If different):

Business Profile / Description of Products and Services:

Name of Primary Member Representative: _____ Alternate Contact: _____

Mailing Address: _____ City: _____ Prov/Terr: _____ Postal Code _____

Physical Address: _____

Telephone: _____ Cellular: _____ Fax: _____

Email Address: _____ Website: _____

I would like to receive YK Chamber of Commerce information and offers by:

- Fax Email Regular Post I'll just look at your website for updates

I would like to receive information and offers from businesses and associations that the YK Chamber of Commerce is associated with. Yes No Thank You

I would like to host or sponsor an event through YK Chamber of Commerce. Yes No Thank You

I am interested in serving on a committee. Yes, please contact me No Thanks

I HEREBY APPLY FOR MEMBERSHIP IN THE Yellowknife Chamber of Commerce. I understand and agree that this membership remains in effect until I resign, giving 10 days written notice, and that my annual membership is due and payable on or before the anniversary date each year.

Signature: _____ Name: (Please print) _____ Date: _____

Internal Use Only:			
Membership Paid On: _____	Date: _____	Membership #: _____	
Business Classified As: _____	Processed By: _____		