

Chester Municipal Chamber of Commerce

2010 MEMBERSHIP APPLICATION

4171 Hwy #3, RR#2 Chester, Nova Scotia B0J 1J0

Phone: 902.275.4709 / Email: Admin@ChesterAreaNS.ca / Fax 902.275.4629

Business/ Organization Name: _____

Contact Person: _____ Contact Phone: _____

Mailing Address: _____

Business Civic Address: _____

Town/Village: _____ Postal Code: _____

Business Phone: _____ Business Fax: _____

Email: _____ Website: _____

Business Classification: _____

Business Description & Logo (used for Chamber records & website) If you have a logo or photo you wish to use in our web site business directory, please email it to Admin@ChesterAreaNS.ca.

Number of Employees (please circle) 1-5 6-50 50+

- New Member**
- I have been referred to the chamber. If yes, please fill out form on reverse side.**
- I would like someone to contact me about our Chambers of Commerce Group Insurance Plan.**
- I am in the process of joining the Chambers of Commerce Group Insurance Plan.**

Agent Name: _____

- I would like to be added to the Municipality of the District of Chester Vendors List**
- I am interested in hosting a Business After Hours (BAH)**

Membership dues run from January 1st to December 31st. **To insure automatic renewal of membership annual contributions must be paid upon receipt of this invoice.**

1 to 5 employees	\$90.00	Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card# _____
6 to 50 employees	\$180.00	Expiration Date _____
50+ employees	\$360.00	Cardholder Name As On Card _____
Retired Member/ Non Business Member	\$45.00	Authorized Signature: _____
Non-Profit Organization	\$45.00	
2010 Map Listing – Includes business name, phone number, and civic address.	\$25.00	Note: Deadline for Map Listing is March 31, 2010
Do you require a 2010 label for Wall Plaque? <input type="checkbox"/> Yes		

Please forward cheque payable to the “**Chester Municipal Chamber of Commerce**” with your completed renewal/ application. If you wish to pay by VISA or MasterCard, you can call and provide your Credit Card information to us for payment by phone.

I submit our application for full Chamber membership with all rights, privileges, and benefits. I understand the information I provide may be published or given out as part of the Chamber’s services to its members and public. I undertake to be governed by the present and future by-laws of the organization.

Signature: _____ **Date:** _____

Office Use only

<input type="checkbox"/> Payment processed	<input type="checkbox"/> Membership Package	<input type="checkbox"/> Website Updated	<input type="checkbox"/> Fax/Email List	<input type="checkbox"/> Chamber Insurance
			Effective Date	