



2008 New Membership Form

Business Name: _____
 Mailing Address: _____
 Town: _____
 Province: _____
 Postal Code: _____
 Business Phone: _____
 Business Fax: _____
 Website: _____

Above information will appear on ACC Website – Member Services.

Contact Person: _____
 Phone (if different from Business Phone): _____
 Email: _____

Number of Employees: _____

Membership Dues

(January 1st to December 31st)

- 1-4 Employees (Including self) \$113.00
- 5-20 Employees \$169.50
- >20 Employees \$282.50

Main Business Category (please select one only):

<input type="checkbox"/> Accommodations	<input type="checkbox"/> Culture & Entertainment	<input type="checkbox"/> Insurance
<input type="checkbox"/> Agriculture/Fishery/Forestry	<input type="checkbox"/> Dining & Take Out	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Automotive	<input type="checkbox"/> Education	<input type="checkbox"/> Shopping
<input type="checkbox"/> Business – Industry	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Sports & Leisure
<input type="checkbox"/> Business - Services	<input type="checkbox"/> Government	<input type="checkbox"/> Travel & Transportation
<input type="checkbox"/> Community Groups	<input type="checkbox"/> Health	
<input type="checkbox"/> Construction / Trades	<input type="checkbox"/> Housing	

Please check any of the member benefits that you are interested in and we will have a representative contact you with more information.

- Chambers of Commerce Group Insurance Plan
- MasterCard / VISA TD Merchant Plan
- Payroll Services

Signature _____ **Date:** _____

Office Use Only:

Date Received:

<input type="checkbox"/> Posted	<input type="checkbox"/> Outlook	<input type="checkbox"/> Decal
<input type="checkbox"/> Paid	<input type="checkbox"/> Online Directory	<input type="checkbox"/> Chambers Group Insurance
<input type="checkbox"/> Database	<input type="checkbox"/> M2M Marketplace	<input type="checkbox"/> Member Benefit Package

Please mail the above portion of this form and cheque payable to:
Antigonish Chamber of Commerce:
 21B James Street Plaza, Antigonish, NS, B2G 2R6
 Ph: 863.6308 Fax: 863.2656 Email: contact@antigonishchamber.com

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HST is included within the membership fees.