

Membership Form



Company Name: _____

Contact: _____

Address Street: _____

Box: _____

Town: _____ Prov: ___ Postal: _____

Number of Employees

[] 1 to 4 \$50

[] 5-10 \$60

[] 11-15 \$70

[] 16+ \$75

check one

Phone: Main: _____ Fax: _____

Cell: _____ Other: _____

email: _____

web: _____

I agree to abide by the current bylaws of the Magrath and District Chamber of Commerce Society as listed on the **magrathchamber.com** website.

Signed: _____ Date: _____

Received by: _____ Pay Type: _____ No. _____

..... tear here

RECEIVED FROM

Pay Type: _____ No. _____

Company _____

\$

for one year membership with the **Magrath and District Chamber of Commerce Society**, ending on Dec 31, _____

Received by _____ Date: _____