MEMBERSHIP APPLICATION

Fields marked with * are required fields; do not leave them blank

GENERAL COMPANY INFORMATION				
Company Name*:				
Company Phone*:	Company Toll Free:			
Company Website*:				
Company Email*:				
PHYSICAL ADDRESS				
Address Line 1*:				
Address Line 2				
City/Town*:	Province*:	Postal Code*:		
MAILING ADDRESS Complete this section	n only if your organization's mailing address is	s different than the physical add	lress.	
Address Line 1:				
Address Line 2				
City/Town:	Province:	Postal Code:		
SOCIAL NETWORK ADDRESSES Please pr	rovide URLs for each of the social networks listed below.			
LinkedIn				
Facebook				
Twitter				
Instagram				
Pinterest				
PRIMARY CONTACT Additional contacts can be	e added upon membership activation through the Mem	ber Information Centre.		
Contact Name*:				
Contact Title*:				
Direct Phone*:	Cell Phone:			
Email*:				
BILLING CONTACT				
0				
Discret Discret	Cell Phone:			
Fmail**				

ADDITIONAL INFORM	MATION				
Business Description*: (Max. 500 characters)					
(Max. 500 characters)					
Business Keywords*:					
(Max. 240 characters)					
Primary Category*:					
	Select primary category				
	_				
Full-time Employees*	Part-time Employees*:				
Head Office Location*					
Are you currently a me	(City, Province/State) ember of your district's local chamber? *				
Yes	minutes or your district o rocal enamed r				
No					
Why is your business	interested in becoming an BMCC member? *				
Advertising oppor	tunities including business e-weekly news, Partners in Prosperity, Magazine, website				
Business advocacy					
Discounted servic					
	ortunities Including sponsorship of events				
_	ents Asked & Answered Webinar Series, #luncheon Power Hour Webinar Series, MB business Breakfast Series, Leaders Series,				
Deputy Ministers' Dinner, Manitoba Business Awards, and Ministers' Dinner					

MEMBERSHIP OPTIONS Please select the membership investment option which best suits your organization's profile.							
No. Full-Time Employees within Manitoba*	Rate	GST (5%)	Total Investment				
Complementary membership for Youth under 20 and Seniors 65+	\$ 0	\$ 0	\$ 0				
Individual member - Entrepreneurs	\$ 75	\$ 3.75	\$ 78.75				
Small business – non-profit (1-10 employees)	\$ 150	\$ 7.5	\$ 157.5				
Medium Business (11 -50 employees)	\$ 250	\$ 12.5	\$ 262.5				
Premium membership (51+ employees)	\$ 500	\$ 25	\$ 525				

	Yes				
	No				
		All membership investment rates a	re subject to GST unless a v	valid GST number is provided above.	
BILL	ING OPTION	NS			
All m	embership in	vestments are recognized by th	e Canada Revenue A	Agency (CRA) as a deductible	business expense.
\bigcirc	Credit Card	(complete the form below)			
\cup		Type: Select the card type	<u> </u>		
		ird Number:			
	Ca	<u></u>			
		Expiry (mm/yy):	/	_	
	Cardho	older Name:			
Ca	rdholder Sign	ature:			
		Date:			
\bigcirc	Electronic F	unds Transfer (EFT)			
\cup		d to: info@bmbcc.ca			
8	Cheque pay Invoice our	able to The Black-Manitobans company	Chambers of Comn	nerce enclosed	

Is your organization GST exempt? *

 $Please\ mail\ or\ email\ your\ completed\ application\ \underline{form\ info@bm} bcc. ca\ If\ you\ have\ questions\ about\ the\ application,\ please\ call\ (204)\ 899-5213.$