

Chamber Name: Medicine Hat	Number of members: 650
Telephone number: 403.527.5214 ext.222	Email: lisa@medicinehatchamber.com
Contributor: Lisa Kowlachuk	Title: Executive Director
Website: www.medicinehatchamber.com	



413 6th Avenue SE, Medicine Hat AB T1A 2S7
 Phone: (403) 527-5214 Fax: (403) 527-5182
 E-mail: info@medicinehatchamber.com
 www.MedicineHatChamber.com

MEMBERSHIP RENEWAL FORM

In order to complete your renewal in a timely manner, **please return these forms to the Chamber along with your Membership Renewal Payment no later than September 1, 2012.** All completed renewal forms and payments received by **August 1, 2012** will be entered into a draw **to win a free Chamber Membership** for 2013-2014, congratulations to last year's winner London Drugs! Please return your completed form and your renewal payment by mail, fax (contact information above), or email to membership@medicinehatchamber.com. Please take a few minutes to ensure your business information is correct by logging in to your member portal by visiting www.medicinehatchamber.com, clicking on Member Login in the top right hand corner, and entering your username and password as follows:

USERNAME:

PASSWORD:

RENEWAL PAYMENT OPTIONS

In order to accommodate the diversity of businesses and individuals holding membership with our organization we are pleased to offer the following payment options payable to the Medicine Hat & District Chamber of Commerce:

Please select Preferred Payment Option: ALL PAYMENT OPTIONS MUST BE SENT IN/PAID BY SEPTEMBER 1, 2012

- ☐ **Full payment** by Cash, Debit, Cheque
- ☐ **Full payment by Credit Card:** Information to be filled out below and sent in with renewal form prior to September 1, 2012
- ☐ **Quarterly payment by Post-Dated cheques** dated September 1, 2012, December 1, 2012, March 1, 2013 and June 1, 2013: Post dated cheques must be sent in with renewal form prior to September 1, 2012. * Please note that should Chamber membership be cancelled mid-year, full membership payment until August 31, 2013 will still be deposited *
- ☐ **Quarterly payment by Credit Card:** Information to be filled out below and sent in with renewal form prior to September 1, 2012 * Please note that should Chamber memberships be cancelled mid-year, full membership payment until August 31, 2013 will still be deposited *

FOR CREDIT CARD PAYMENTS ONLY:

Please select Credit Card type:

- ☐ Visa ☐ Mastercard ☐ American Express

Invoice Number:

Total Amount of Payment: \$

Company Name:

Credit Card Number: _____

Expiry Date: _____

Signature of Authorization: _____

Print Name & Title of Cardholder: _____

INFORMATION RELEASE

As a member of the Medicine Hat and District Chamber of Commerce, your business or organization has the opportunity to have its contact information listed on the Chamber website and on membership lists released to other members. In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Information Protection Act (PIPA), any organization or business must authorize the release of such information. Also the information must be gathered with consent, be collected for a reasonable purpose, used for the limited purposes for which it was gathered, be open for the owner's inspection and correction, and be stored securely. By selecting the appropriate check box below and signing, your business or organization allows the Medicine Hat and District Chamber of Commerce to release this information for the aforementioned reasons.

- ☐ **YES.** I hereby authorize the Chamber of Commerce to list on its website, refer to inquiring customers, and include in membership lists for other members contact information, including company name, address, phone and fax numbers, email, and website addresses.
- ☐ **NO.** I DO NOT authorize the Chamber of Commerce to list on its website, refer to inquiring customers, and include in membership lists for other members contact information, including company name, address, phone and fax numbers, email, and website addresses.

Company Name _____ Signature _____ Date _____

THANK YOU!

Membership will be renewed on receipt of payment

Membership Development



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RENEWAL STATEMENT

Sold To:
Company Name
Mailing Address
City Prov
PC

Invoice #:
Invoice Date: July 1, 2012

Business No: 107687691

Description	Amount
Medicine Hat & District Chamber of Commerce Annual Membership Dues September 1, 2012 – August 31, 2013	\$
GST: 5% <i>Medicine Hat & District Chamber of Commerce GST: #107687691</i>	\$
Notes:	
Term: Due September 1, 2012	
Total Amount:	\$

Membership dues are calculated on the number of full time employees at your business or organization and are based on the information received from your business/organization. Please refer to the chart below for the 2012-2013 fee structure

1 - 5 Full-Time Employees:	\$220.00 + GST
6 - 15 Full-Time Employees:	\$260.00 + GST
16 - 25 Full-Time Employees:	\$365.00 + GST
26 - 50 Full-Time Employees:	\$390.00 + GST
51 - 100 Full-Time Employees:	\$650.00 + GST
100 + Full-Time Employees:	\$760.00 + GST

Membership Development