



Mount Pearl Paradise Chamber of Commerce

Serving the Business Community for over 25 years

Membership Application

The Mission of the Chamber

Our mission is to be a forum to provide networking, advocacy, educational and business opportunities to the communities in which we live and serve.

Date: _____

Please drop off, Mail, e-mail or Fax us your completed Application

What are your expectations upon joining the Chamber? (SMART: Specific, Measurable, Attainable, Realistic & Timebound)

Company Name: _____ Contact Name: _____

Address: _____ Prov: _____ Postal Code: _____

Email: _____ Website: _____

Phone: _____ Ext.: _____ Fax: _____

Description of your business:

www.mtpearlparadisechamber.com

Chamber Membership Fee is 100% tax deductible

39 Commonwealth Avenue, Mount Pearl, NL, A1N 1W7 Phone: 709-364-8513 Fax: 709-364-8500



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Code of Conduct and Commitment:

Membership in the Mount Pearl Paradise Chamber of Commerce (the "Chamber") is a privilege. Further, membership brings with it the responsibility to assure that all members understand and commit to the following membership undertaking (this "Undertaking"). Accordingly, in consideration of becoming a member of the Chamber, I, on behalf of myself and the company I represent (the "Company"), agree to:

1. Conduct all business and professional activities in a reputable manner, to reflect honourably upon the business community;
2. Respect the good reputation, profile and status of the Chamber and represent it accordingly;
3. Understand, support and promote the Missions and Goals of the Chamber, as detailed on the Chamber website and incorporated in this Undertaking;
4. Whenever reasonably possible, participate in events and activities of the Chamber; and
5. Promote and enhance business growth and activities in the community.

The Company is fully responsible and accountable for any and all actions and charges incurred by its designated representatives. I understand that failure to adhere to the professional and personal obligations of this Undertaking and as defined in the Chamber By-laws and Board of Trade Act may result in the termination of my and the Company's membership by the Chamber's Board of Directors (the "Board").

Upon execution of this Undertaking, please consider this to be my and the Company's application for membership to the Chamber ("this Application"). If the Board accepts this Application, the Company agrees to pay the Chamber membership fee (the "Fees") in advance and acknowledge that payment of the Fees is non-refundable as may be prescribed by the Board from time to time.

Membership to the Chamber continues for twelve (12) consecutive months from the date of the Chamber's acceptance of this Application, subject to payment of the Fees as required and in accordance with this Application. Membership to the Chamber shall be automatically renewed on an annual basis, unless revoked in writing with thirty (30) days' advance notice or otherwise terminated by the Chamber arising from any breach of this Undertaking, the Chamber By-laws or the Board of Trade Act by myself or the Company.

Signature: _____

Name: _____

Title: _____

Company: _____

I have the authority to bind the company

Personal Information Policy

From time to time, the Chamber may receive and collect information, including personal information of its members. To achieve the full benefits of membership available to its members, the Chamber may share the information collected by it with certain services providers. The collection and use of personal information will be for Chamber internal purposes only, unless the Chamber has obtained the member's prior consent to its disclosure. For clarity, the Chamber does not consider the name, title, business address, telephone, number, email and/or website address of its business members to be personal information.

Neither the Chamber nor its service providers will disclose personal information to third parties other than in compliance with applicable federal and provincial privacy laws and in particular, the requirement thereunder for the consent of the undersigned. The undersigned consents to the use and disclosure of personal information for statistical or scholarly study or research purposes, which information will be used or disclosed in such a manner that will maintain its confidentiality.

Primary Contact Name: _____ Signature: _____

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Membership Fee Information:

Business Organization

Number of Full Time Employees: _____

Annual membership Rate: _____ 2 or less employees or organization \$160 + HST (13%) = \$180.80
_____ 3+ employees \$320 + HST (13%) = \$361.60

Join Now and get 3 Months FREE!

Payment Options

Chamber Membership Fee is 100% tax deductible
Tax Receipt available upon request.

1. Cheque payment in full annually. Cheque number: _____

2. Credit Card. The Mount Pearl Paradise Chamber of Commerce is hereby authorized to debit the fee payment recorded above to my/our:

Credit Card as follows: # _____ Expiry date: _____ Security Code # _____

Card type: Visa Master Card

Name on card: _____ Authorization: _____

Any member who fails to pay the prescribed membership fee within sixty **(60) days** after it becomes due and payable shall thereafter cease to be a member and shall have no further rights or privileges in the Chamber, unless the Board extends the time for such payments or expressly continues such rights and privileges, notwithstanding such default of payment.

Signing & Voting Representatives
(all staff for this business are welcome to attend Chamber Events)

Chamber Reps:

1. Primary Contact: _____

2. Additional Rep: _____

3. Additional Rep: _____

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