

Membership Application Form

Company Name: _____

Contact Name: _____

Total # Full Time Seasonal Employees: _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Main Phone: _____ **Cell:** _____ **Fax:** _____

Email for Communication: _____

Public Email (if different): _____

Voting Member Email: _____

Website URL: _____ **Membership Fee:** _____

Primary Reasons for Joining: Networking Promote Business Social
Community Involvement/Development

Signature: _____ **Date:** _____

Membership Dues (Please circle your category)	Fee
Individual / Not for Profit / Community Organization	\$ 50
Business with less than 5 Employees	\$100
Business with 6-25 Employees	\$175
Business with 26-100 Employees	\$250
Business with more than 100 Employees	\$500
Boards of Trade/Chambers of Commerce (less than 30 Members)	\$250
Boards of Trade/Chambers of Commerce/Gov't Institutions (30 Members or more)	\$500

Brief bio of you and your business to advertise your services in the online directory (please attach a photo to accompany your profile, plus a copy of your logo if you have one) _____

Please specify the categories of your business:

Accommodation Retail Food & Beverage Snow Removal
Property Maintenance Guest Experiences Professional Services
Trades