



# East Hants and Districts Chamber of Commerce

Unit 13 – 8 Old Enfield Road  
Enfield, NS B2T 1C9

Phone 902-883-1010 Fax: 902-883-7862

Email: info@ehcc.ca Website: www.ehcc.ca

## APPLICATION FOR MEMBERSHIP

Business Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Is the above the information you wish to be displayed in our **website** member directory?  YES  NO

If NO, please indicate any changes for your directory listing: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Membership Fee Schedule			
	Dues	HST	Total
<input type="checkbox"/> Sole Proprietor .....	76.00	9.88	\$ 85.88
<input type="checkbox"/> 2-5 employees .....	114.00	14.82	\$128.82
<input type="checkbox"/> 6-10 employees .....	152.00	19.76	\$171.76
<input type="checkbox"/> 11-25 employees .....	190.00	24.70	\$214.70
<input type="checkbox"/> 26-50 employees .....	228.00	29.64	\$257.64
<input type="checkbox"/> 51+ employees .....	266.00	34.58	\$300.58
<input type="checkbox"/> Individual .....	44.50	5.79	\$ 50.29
<input type="checkbox"/> Non-Profit .....	44.50	5.79	\$ 50.29
<input type="checkbox"/> Government .....	152.00	19.76	\$171.76

Chambers of Commerce Group Insurance Plan® members must register for the same number of employees as their insurance plan.  
 All memberships are for a 12-month period and will be renewed on an anniversary-date basis.

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Cheque enclosed, payable to:  
**East Hants and Districts Chamber of Commerce**  
**Unit 13 – 8 Old Enfield Road**  
**Enfield, NS B2T 1C9**

VISA or  MasterCard

Card # \_\_\_\_\_

Exp. date \_\_\_/\_\_\_ Signature \_\_\_\_\_

Do you require a receipt?  YES  NO

Please indicate if you will be offering any discounts or benefits to other **EHDCC** members.

YES, discount/benefit offered: \_\_\_\_\_

Please let us know how you heard about our Chamber and were prompted to join:

- another Chamber member       Chambers of Commerce Group Insurance Plan®  
 EHDCC website                       TD Merchant Services/First Data  
 other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_