

## Company Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*As to be listed in the directory*

Mailing Address: \_\_\_\_\_  
*Street Address* *Unit # / PO Box#*

Physical Address: \_\_\_\_\_  
*City* *Province* *Postal Code*

Street Address \_\_\_\_\_ *Unit #*

*City* *Province* *Postal Code*

Main Phone: ( ) - \_\_\_\_\_ Website: \_\_\_\_\_

Main Fax: ( ) - \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Classification				
Categories:				

Please tell us which affinity programs you are interested in hearing more about:

- National Group Insurance / RRSP Plan     
  Johnson Home & Auto Preferred rates     
  UPS  
 ESSO Direct Billing Program     
  First Data Preferred Merchant Rates     
  Purolator

Why are you joining the Board of Trade \_\_\_\_\_?

## Representatives

*Please note that only the number of representatives as determined by the rate schedule will be listed in the directory and receive a hardcopy of the magazine.*

Main Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Mailing Address:  Same \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

- Directory listing     
  Receive magazine     
  \* Receive email  
 Call list for events     
  Add to call list for events

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Mailing Address:  Same \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

- Directory listing     
  Receive magazine     
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Mailing Address:  Same \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

- Directory listing     
  Receive magazine     
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  Add to call list for events

## Membership Fee

\$ \_\_\_\_\_ Including Taxes      Method of Payment:  Cheque  Cash  Visa  MasterCard  Amex      Name on card: \_\_\_\_\_  
Card Number: \_\_\_\_\_      Expiry Date: \_\_\_\_\_      Signature: \_\_\_\_\_

**\* By checking the above "Receive email" box, you are providing consent for us to send you emails (sometimes these will be commercial electronic messages) on information such as events, advocacy and other Board of Trade content. You may revoke your consent and unsubscribe from those emails at any time by contacting us at mail@bot.nf.ca.**

# COMPARATIVE RATE SCHEDULE

CATEGORY	LISTING	ANNUAL FEE	TAXES ADDED
Non-profit, additional representative or affiliate membership	1	\$185.00	\$212.75
Self-employed*	1	\$270.00	\$310.50
1-5 employees	1	\$430.00	\$494.50
6-25 employees	2	\$580.00	\$667.00
26-50 employees	2	\$750.00	\$862.50
51-99 employees	2	\$810.00	\$931.50
100+ employees	3	\$950.00	\$1092.50
Retired	1	\$125.00	\$143.75

The above rate schedule is based on the number of full-time permanent employees.

\*An individual who operates a business or profession as a sole-proprietor, independent contractor or independent consultant.

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