

**LEGAL & DISTRICT CHAMBER OF COMMERCE**  
**BOX 338, LEGAL ALBERTA T0G 1L0**

**Membership Application Form**

**Name of the**  
**Business:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Number of Employee's:** \_\_\_\_\_  
(full-time equivalents)

**Membership Rates:**

**Associate/Individual**                      **\$30.00**

**Below 3 Employees**                      **\$30.00**

**3 or more employees**                      **\$60.00**