

MEMBERSHIP APPLICATION & ANNUAL MEMBERSHIP FEE SCHEDULE



CONTACT INFO	Member Name		Company Name	
	Address		Title	
			Telephone	
	City		Mobile	
	Province	Postal Code	Fax	
	E-mail Address		Website	

Please choose one of the following categories of membership:

- | | | | | | |
|---|-------|---|-------|--|-----|
| <input type="checkbox"/> Large Business | \$500 | <input type="checkbox"/> Professional | \$200 | <input type="checkbox"/> Non-profit Organization | \$0 |
| <input type="checkbox"/> Small Business | \$250 | <input type="checkbox"/> Individual/Sole Proprietor | \$100 | <input type="checkbox"/> Student | \$0 |

PAYMENT	To pay by credit card please complete the following:		
	Name of Card Holder		
	Credit Card Number	Expiry Date	Security Code (on back of card)
	To pay by cheque, please make cheque payable to the Canadian-Croatian Chamber of Commerce.		

USE OF CONFIDENTIAL INFORMATION

Any personal information provided on this form will be used by the Canadian-Croatian Chamber of Commerce (the "Chamber") as set out in our Privacy Policy. Please consult our Privacy Policy, available online at www.croat.ca.

UNDERTAKING OF MEMBER

As a Member of the Chamber, the undersigned recognizes that membership is a privilege. Further, membership brings with it the responsibility to assure that all Members also understand and commit to the following membership undertaking. Accordingly, the undersigned shall commit to: (a) conduct all business and professional activities in a reputable manner, to reflect honourably upon the business community; (b) respect the good reputation, profile and status of the Chamber, and represent the Chamber accordingly; (c) understand, support, and promote the objectives of the Chamber (receipt of a copy of the current Membership Benefits pertaining thereto is hereby acknowledged); and (d) whenever reasonably possible, participate in the functions and activities of the Chamber, plus, in the promotion and enhancement of growth and related activities within the Croatian community in Canada.

The undersigned also understands that the failure to adhere to the professional and personal obligations outlined above, and as further defined in the Chamber's By-Laws, can result in the termination of membership by the Chamber's Board of Directors (the "Board").

On the execution of this undertaking, please consider this to be an application by the undersigned for membership in the Chamber.

If the Board accepts this application, then the undersigned agrees to pay in advance the fees for membership, which are non-refundable, as may be prescribed by the Board from time to time.

Membership will remain in force until revoked in writing.

All Members are fully responsible and accountable for all actions of, and all charges incurred by, their designated Chamber representatives.

Dated as of the _____ day of _____, 20_____.

Authorized Signature

Return Membership Application and Fee Schedule, with payment to: Canadian-Croatian Chamber of Commerce
630 The East Mall, Etobicoke, Ontario, Canada M9B 4B1