

Northern CARE Annual Membership Registration Form

Contact Information

Organization/Municipality _____

Contact Name _____

Mailing Address _____

Town/City/Postal Code _____

Telephone _____ Fax _____

E-mail _____

Category and Fee Structure (please check the appropriate category)

Corporate

- a. Annual gross sales \$500,000 and over: \$500 (plus GST) = **\$535.00**
- b. Annual gross sales under \$500,000: \$250 (plus GST) = **\$267.50**

Municipality

- a. Population 1000 and over: \$500 (plus GST) = **\$535.00**
- b. Population under 1000: \$250 (plus GST) = **\$267.50**

Non-Profit

\$100 (plus GST) = **\$107.00**

Individual

\$50 (plus GST) = **\$53.50**

Benefactor

\$5000.00 or more

All Categories except "Benefactor" include voting privileges

Method of Payment (please check one)

Cheque will follow in the mail

Please invoice

Please make cheques payable to:

**Northern CARE
Box 450
Berwyn, AB T0H 0E0**