



Columbia Community Dollars

Business Registration

Identification and contact information

Business Name _____

Name of Signer _____

Position of Signer _____

Street Address or PO Box _____

Town _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Number of full-time employees (or equivalent) _____

Choose an account ID

Choose your account ID with some care as it will be much used. Use only letters and numbers, with no embedded spaces or #&\$!@ etc. It is best to use just a few letters that other people will readily associate with your organization and can easily write or otherwise use when making payments to you. Please list your first and second choices.

1st Choice _____ 1st Alternate _____

Business Terms of Participation

I understand that a negative account in a community currency is equivalent to the issue of gift certificates or other promissory notes by the account holder, and that the issuer is obliged to accept that community currency while their account balance is negative.

Therefore, to withdraw from the program, a business must earn sufficient C\$ to return their account balance to zero.

Acceptance Rate

I agree to accept the C\$ at a rate of ____ %. The following terms and conditions apply:

Directing Contributions - Who do you want to support?

Enter the name for each receiver you choose, their id (if known) and the amount of C\$ you wish to contribute. If you wish to nominate a beneficiary not already on the list, enter your proposed contribution and the C\$ administration will contact them on your behalf.

All businesses are also asked to pay a registration fee of C\$100 per full-time employee (or equivalent) to enable the Administration Group to cover the costs of ongoing local coordination and training, and printing of C\$ bills and promotional materials.

Name of Community Group	Id	C\$ Contribution Amt
Total Donation to Community Groups		
C\$ Administration Fee (C\$100 / full-time equivalent)		
Total		

Do you require a tax receipt? N _____ Y _____

**Note that only donations to registered charities are eligible for a tax receipt.*

Do you require a float? N _____ Y _____ Amount: _____

Business Description

Please provide a short description (50 words or less) of your business for use on the Community Dollars website (www.communitydollars.ca), and in other materials that support the exchange of C\$.

Authorization

Signing and returning this form to info@communitydollars.ca authorizes the Administration to transfer C\$ from your account to the accounts you have specified above. You will receive monthly statements of transactions on your C\$ accounts by email. If you, or your bookkeeper have any questions, please contact us at info@communitydollars.ca.

The *Columbia* Community Dollars project is authorized to use the information provided above in support of the Community Dollars program.

Name (printed) _____

Signed _____ Date _____