



*Application for Membership Nov. 1/09 to Oct. 31/10*

Cayuga & District Chamber of Commerce  
 P.O. Box 118, 6 Cayuga St. N, Cayuga, ON N0A 1E0  
 Phone: (905) 772-5954 Email: info@cayugachamber.ca

Please complete this form and return it to the Cayuga & District Chamber of Commerce with your payment.

Name of Organization/Individual: \_\_\_\_\_ Member Since: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Representatives: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Check One	Membership Type				Total Paid
			GST	Total	
	Business	\$80.00	\$4.00	\$84.00	
	Private/Individual	\$40.00	\$2.00	\$42.00	
	Non-Profit Service Organization	\$40.00	\$2.00	\$42.00	
	Date of Payment:				
	Method of Payment: Cheque:		Cash:	Amount:	

Please circle *Yes* or *No* for the following:

Please send information on the Chamber's Group Health and Life Insurance: Yes No

I, or a member of my business, would be interested in serving on the board: Yes No

Payment must accompany this application.  
 Please make your cheque payable to *Cayuga & District Chamber of Commerce*  
 Receipts will be issued when requested.