



2010/2011 Application for  
**Membership**  
 Cayuga & District Chamber of Commerce  
 P.O. Box 118, 6 Cayuga St.  
 Cayuga, On NOA 1E0  
 905 772-5954  
 email: info@cayugachamber.ca

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

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: \_\_\_\_\_

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

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

Check One	Membership Type		HST	Total	Paid
	Business	\$80.00	\$10.40	\$90.40	
	Private/Individual	\$40.00	\$5.20	\$45.20	
	Non-Profit/Service Org'n	\$40.00	\$5.20	\$45.20	
				Subtotal	
				Total	

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 check payable to **Cayuga & District Chamber of Commerce**  
 Receipts will be issued when requested.