Communicate ~ Connect ~ Commerce



APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE CAYUGA AND DISTRICT CHAMBER OF COMMERCE P.O. Box 118 - Cayuga, Ontario, NOA 1E0

NAME OF BUS	SINESS/ORGANIZAT	ION/INDIVIDUAL	,				
Address				ро вох:			
Mailing add	PRESS (IF DIFFEREI	IT FROM ABOVE)			РО ВОХ	α:	
CITY:		PROVINCE:	PROVINCE:		POSTAL CODE:		
ORGANIZATION PHONE: REPRESENTATIVE(S):		FAX:	FAX:		EMAIL:		
		YEAR ESTABLISHED:		NUMBER OF EMPLOYEES:			
WEBSITE:		FACEBOOK I	FACEBOOK PAGE:		MISC:		
DESCRIPTION	OF ORGANIZATION	·					
CHECK ONE	MEMBERSHIP TYPE		FEE	HST	TOTAL	PAID	
	BUSINESS		\$110	\$14.30	124.30		
	PRIVATE/INDIVIE	UAL	\$65	\$8.45	73.45		

PAYMENT MUST ACCOMPANY THIS APPLICATION

\$65

73.45

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING:

NON-PROFIT / SERVICE ORG

PLEASE SEND INFORMATION ON THE CHAMBER GROUP HEALTH AND LIFE INSURANCE:
YES NO
I, OR A MEMBER OF MY BUSINESS, WOULD BE INTERESTED IN SERVING ON BOARD:
YES NO